

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000001372

1. Limited Liability Company's Name

NELLOR COMPANY, L.L.C.

07

FILED
09 AUG 14 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
791 CRANDON BLVD

Suite, Apt. #, etc.
APT: 1201

City & State
KEY BISCAVNE, FL

Zip
33149

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 03/06/2006

6. FEI Number
38-3149246

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
MARIA LORENZINI

Street Address (P.O. Box Number is Not Acceptable)
791 CRANDON BLVD

Suite, Apt. #, Etc.
APT: 1201

City
KEY BISCAVNE

State
FL

Zip Code
33149

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARIA LORENZINI	791 CRANDON BLVD. APT: 1201	KEY BISCAVNE, FL 33149

REINSTATEMENT

2007-2009

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

8/13/09

Daytime Phone #

305-361-1821

Typed or printed name of signing Managing Member/Manager