

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 16 PM 1:59

**DOCUMENT # M06000003342**

**1. Limited Liability Company's Name**

N.D. International Properties, LLC

**2. Principal Office Address - No P.O. Box #**

1088 Herkness Drive

Suite, Apt. #, etc.

City & State

Meadowbrook, PA

Zip

19046

Country

USA

**3. Mailing Office Address**

1088 Herkness Drive

Suite, Apt. #, etc.

City & State

Meadowbrook, PA

Zip

19046

Country

USA

**4. State/Country of Formation**  
Pennsylvania

**5. Date Organized or Qualified  
To Do Business in Florida** 06/13/2006

**6. FEI Number**  
81-0599234

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

Diego Morales, c/o Law Offices of Jon B. Coats, Jr., P.A.

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

5022 73rd Avenue

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

33781

☐ 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

*Diego Morales*

Date 12-5-08

REGISTERED AGENT MUST SIGN

**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
MGR	Diego Morales	1088 Herkness Drive	Meadowbrook, PA 19046

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12/10/08--01039--010 \*\*382.25

**REINSTATEMENT 2007-08**

**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 608.406, 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

*Diego Morales*

Date 12-5-08

Daytime Phone # 215 6695089

Typed or printed name of signing Managing Member/Manager Diego Morales