

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000005712

1. Limited Liability Company's Name

NEVADA FINKEL FAMILY, LLC

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

6422 OLD STILES BORO RD

Suite, Apt. #, etc.

City & State

ACWORTH, GA

Zip

30101

Country

USA

3. Mailing Office Address

6422 OLD STILES BORO RD

Suite, Apt. #, etc.

City & State

ACWORTH, GA

Zip

30101

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/21/2007

6. FEI Number

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

NEILL FINKEL

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

107 SUDDUTH CT

Suite, Apt. #, Etc.

City

FT. WALTON BEACH, FL

State

FL

Zip Code

32548

☒ 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.

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01/27/10--01003--017 **138.75

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 1/22/07

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	STANLEY BRYON FINKEL BRYON FINKEL	6422 OLD STILES BORO RD	ACWORTH, GA 30101
MGR	NEILL FINKEL	107 SUDDUTH CT.	FT. WALTON BEACH, FL 32548
PRES.	BONNI FINKEL	107 SUDDUTH CT. MARATHON	FT. WALTON BEACH, FL 32548
	REINSTATEMENT	516.25 EXAMINER	S. HAWKES
	2008-10	-277.50 - 138.75	JAN 29 2010

11. E-mail Address: ~~193~~ b.f.d.2@bellsouth.net

(To be used for future annual report notifications)

12. 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

Date 12/15/09

Daytime Phone # 404-552-5386

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

NEVADA FINKEL FAMILY, LLC
6422 OLD STILES BORO RD
ACWORTH, GA 30101

SUBJECT: NEVADA FINKEL FAMILY, LLC
Ref. Number: M07000005712

We have received your document for NEVADA FINKEL FAMILY, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 610A00000764