

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000594

1. Limited Liability Company's Name

NCM LEASING Company, L.L.C.

2. Principal Office Address

1650 N. MILITARY TRAIL

3. Mailing Office Address

1650 N. Military Trail

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach

4. State/Country of Formation

MO. /

5. Date Organized or Qualified
To Do Business in Florida

4-22-99

6. FEI Number

431844341

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nissim Presenti

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

1650 N. Military Trail

Suite, Apt. #, Etc.

Suite 104

City

West Palm Beach, FL

State

FL

Zip Code

33409

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

11/29/01

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	NISSIM PRESENTI	1650 N. Military Trail #104	West Palm Beach, FL 33409

REINSTATEMENT

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dec

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

Date

11/29/01

Daytime Phone #

561-689-3155

Typed or printed name of signing Managing Member/Manager

Nissim Presenti

CR2E041 (9/01)