

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # W020000091305

1. Limited Liability Company's Name

Big Picture Distribution, LLC

400163944504
01/25/10--01046--022 **510.00
CR2E041 (10/08)

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

1065 Kane Concourse

3. Mailing Office Address

1065 Kane Concourse

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Bay Harbor Islands, Florida

City & State

Bay Harbor Islands, Florida

Zip

33154

Country

USA

Zip

33154

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified

To Do Business in Florida 4/18/02

6. FEI Number

020625339

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

Ronald J. Finvarb

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

1065 Kane Concourse

Suite, Apt. #, Etc.

Suite 201

City

Bay Harbor Islands

State

FL

Zip Code

33154

☒ 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.

400163944504
01/25/10--01046--023 **40.00

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

Date 11/2/09

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
MGRM	Ronald J. Finvarb	1065 Kane Concourse, Suite 201	Bay Harbor Islands, FL 33154
		L. SELLERS	400163944504 12/24/09--01043--010 **5.00
		FEB -8 2010	
		EXAMINER	400163944504 12/24/09--01043--011 **138.75
		REINSTATEMENT	05-09

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 11/2/09

Daytime Phone # 305-799-3708

Typed or printed name of signing Managing Member/Manager Ronald J. Finvarb

\$ 1693.75