

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-331

1. Limited Liability Company's Name

Sculptors of Space, LLC

2. Principal Office Address

5618 LaGorce Drive

Suite, Apt. #, etc.

- NA -

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

SA ME

Country

SA ME

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

Jan 2000

6. FEI Number

65-0593282

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

Lisa Dupoux

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

5618 La Gorce Drive

Suite, Apt. #, Etc.

City

Miami Beach, FL

State

FL

Zip Code

33140

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

Lisa Dupoux

REGISTERED AGENT MUST SIGN

Date

10/11/01

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
<i>Sec.</i>	<i>Stephane Dupoux</i>	<i>900 Bay Drive HC</i>	<i>Miami Beach FL 33141</i>
<i>Pres.</i>	<i>Lisa Dupoux</i>	<i>5618 LaGorce Drive</i>	<i>Miami Beach FL 33140</i>

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

Lisa Dupoux

Date

10/11/01

Daytime Phone

(305) 867-4442

Typed or printed name of signing Managing Member/Manager

Lisa Halloran Dupoux

CR2E041 (9/01)