

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 OCT 22 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005673

1. Limited Liability Company's Name

Tara Studios, L.L.C.

2. Principal Office Address

2715 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

3. Mailing Office Address

2715 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

Zip

33306

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/17/2000

6. FEI Number

65-1096536

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

Tara Borakos

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

2715 E. Oakland Park Blvd., #200

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33306

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

Tara

REGISTERED AGENT MUST SIGN

Date

10/11/04

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	Tara Borakos	2715 E. Oakland Park Blvd., #200	Fort Lauderdale, FL 33306

REINSTATEMENT 02-04 GA
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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

Tara

Date

10/11/04

Daytime Phone# 954-564-9436

Typed or printed name of signing Managing Member/Manager Tara Borakos

CR2E041 (10/02)