

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

02 MAR 11 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008467

1. Limited Liability Company's Name

PATRICIA ROSE STUDIO, LLC

300005171603--0  
-03/27/02--01038--027  
\*\*\*\*200.00 \*\*\*\*200.00

2. Principal Office Address

10018 46th Ave. West.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton Florida

City & State

Bradenton Florida

Zip

34210

Country

USA

Zip

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

July 6, 2000

6. FEI Number

05-1025722

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

Patricia Rose

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

10018 46th Ave. West.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34210

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

Patricia Rose  
REGISTERED AGENT MUST SIGN

Date 1-20-02

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
<u>pres</u>	<u>Patricia Rose</u>	<u>10018 46th Ave. W.</u>	<u>Bradenton FL 34210</u>

REINSTATEMENT  
REINSTATEMENT

01-20-02  
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

Patricia Rose

Date 1-20-02

Daytime Phone # 941-792-6336

Typed or printed name of signing Managing Member/Manager PATRICIA ROSE