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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Steven Wood
 Secretary of State
 DIVISION OF CORPORATIONS

L00000008467

APPROVED
AND
FILED

03 NOV 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008467

Name and Mailing Address

0010587 01 AT 0.292 **AUTO T9 0 0615 34210-171418

PATRICIA ROSE STUDIO, LLC

10018 46TH AVE WEST

BRADENTON FL 34210-1714

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/06/2000	
Principal Place of Business 10018 46TH AVE WEST BRADENTON FL 34210	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1025722	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSE, PATRICIA 10018 46TH AVE. WEST BRADENTON FL 34210		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>Patricia Rose</u> SIGNATURE REQUIRED Date <u>11/24/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MRG	ROSE, PATRICIA	10018 46TH AVE. W	BRADENTON FL 34210
12. 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 <u>Patricia Rose</u> SIGNATURE REQUIRED		Date <u>11/24/03</u>	Daytime Phone # <u>941-792-6336</u>
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)