Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Florida Department of State
## Division of Corporations
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From:
Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

# LIMITED LIABILITY REINSTATEMENT

## NEW DAWN STUD, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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| Estimated Charge | $250.00 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012172

1. Limited Liability Company's Name
NEW DAWN STUD, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 19707 Turnberry Way | 19707 Turnberry Way |
| Suite, Apt. #, etc. T.S. #4 | Suite, Apt. #, etc. T.S. #4 |
| City & State Aventura, FL | City & State Aventura, FL |
| Zip 33180 Country | Zip 33180 Country |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/05/2000

6. FEI Number: 65-1048977 ☐ 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: SIMON, MICHELLE

Street Address (P.O. Box Number is Not Acceptable): 19707 Turnberry Way

Suite, Apt. #, Etc.: T.S. #4

City: Aventura | State: FL | Zip Code: 33180

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: Michelle Simon Date: 3/17/04
REGISTERED AGENT MUST SIGN

CR2EO41 (10/02)

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 |
|---|---|---|---|
| MGR | SIMON, MICHELLE | 19707 Turnberry Way, T.S. #4 | Aventura, FL 33180 |
| | | | |
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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 608.405, 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: Michelle Simon Date: 3/17/04 Daytime Phone# 305-932-5414

Typed or printed name of signing Managing Member/Manager: Michelle Simon, Manager

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