

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008789

1. Limited Liability Company's Name

STUDIO SOURCE LLC

2. Principal Office Address

9130 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1802

City & State

MIAMI FLA.

Zip

33156

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FLA.

Zip

33156

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

2001

6. -FEI Number

☒ 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

LARRY Reiser

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

9130 South Dadeland Blvd. # 1802

Suite, Apt. #, Etc.

Suite 1802

City

MIAMI, FLORIDA

State

FL

Zip Code

33156

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

[Signature]

(REGISTERED AGENT MUST SIGN)

Date

5/1/03

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	ERIC McBRIDE	9130 S. Dadeland Blvd.	*1802 (MIAMI, FL. 33156)

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

Eric McBride

Date

5/1/03

Daytime Phone #

(305) 670-2370

Typed or printed name of signing Managing Member/Manager

Eric McBride

CR2EDM1 (10/02)