

LO1000015420

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015420

1. Limited Liability Company's Name

VICTREE ARTWORKS LLC

2. Principal Office Address

550 SW FAIRVIEW AVE

3. Mailing Office Address

550 SW FAIRVIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE

City & State

PORT ST LUCIE

Zip

34983

Country

ST LUCIE

Zip

34983

Country

ST LUCIE

4. State/Country of Formation

FLORIDA - ST LUCIE

5. Date Organized or Qualified  
To Do Business in Florida

09-07-01

6. FEI Number

65-1153796

☒

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

VICTORIA HOLT

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

550 SW FAIRVIEW AVE

Suite, Apt. #, Etc.

8

City

PORT ST LUCIE

State

FL

Zip Code

34983

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

Victoria Holt

Date

4-28-03

REGISTERED AGENT MUST SIGN

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 Victoria Holt

550 SW FAIRVIEW AVE PORT ST LUCIE, FL

34983

REINSTATEMENT

02-03-03  
dca

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

Victoria Holt

Date

04-28-03 Daytime Phone # 772-336-1440

Typed or printed name of signing Managing Member/Manager