

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -8 PM 4:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L020000016153

1. Limited Liability Company's Name

MONALISA'S PHOTO STUDIO LLC

2. Principal Office Address

108 SANTIAGO STREET

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

USA.

3. Mailing Office Address

108 SANTIAGO STREET

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

USA.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/27/02

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

RAMONA RAMOUTAR

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

108 SANTIAGO STREET

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

9-25-04

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>MGR</u>	<u>RAMONA RAMOUTAR</u>	<u>108 SANTIAGO STREET</u>	<u>ROYAL PALM BEACH, FL 33411</u>

REINSTATEMENT

2003-2004
w/o penalty fees

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

☒

[Signature]

Date

9-25-04

Daytime Phone #

904-762-5310

Typed or printed name of signing Managing Member/Manager

RAMONA RAMOUTAR

CR20041 (10/02)