

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019735

1. Limited Liability Company's Name

Stream graphics, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

9485 NW 54th

Suite, Apt. #, etc.

Doral Terrace

City & State

Miami FL

Zip

33178

Country

USA

3. Mailing Office Address

9485 NW 54th

Suite, Apt. #, etc.

Doral Terrace

City & State

Miami FL

Zip

33178

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

08/05/2002

6. FEI Number

37-1537861

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

Francisco Neri

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

9485 NW 54th Doral Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 02/20/2007

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>MEM</u>	<u>Francisco Neri</u>	<u>9485 NW 54th Doral Terrace</u>	<u>Miami, FL 33178</u>

02/23/07-01007-022-#25.00  
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REINSTATEMENT 04-07

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

Date 02/20/2007 Daytime Phone # 3055351565

Typed or printed name of signing Managing Member/Manager

Francisco Neri