PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -8 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002 1847

1. Limited Liability Company's Name
SPOILED BRAT BY DESIGN TEAM, LLC

2. Principal Office Address	3. Mailing Office Address
2367 BENT TREE RD	2367 BENT TREE RD
Suite, Apt. #, etc. #2318	Suite, Apt. #, etc. #2318
City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34683 County [redacted] USA	Zip 34683 Country USA

4. State/Country of Formation FLORIDA, UNITED STATES
5. Date Organized or Qualified To Do Business in Florida 9/26/02
6. FEI Number 02-0639487 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

8. Name and Address of Current Registered Agent

Name STEVEN M. HECHTMAN
Street Address (P.O. Box Number is Not Acceptable) 2367 BENT TREE RD.
Suite, Apt. #, Etc. #2318
City PALM HARBOR State FL Zip Code 34683

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] Date 10/7/04
REGISTERED AGENT MUST SIGN

DS-LLC41 (10/01)

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	STEVEN M HECHTMAN	2367 BENT TREE RD #2318	PALM HARBOR, FL 34683
		[redacted]	03-04

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 608.508, 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 10/7/04 Daytime Phone # 727-945-1876

Typed or printed name of signing Managing Member/Manager [signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

SPOILED BRAT BY DESIGN TEAM, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 11, 2004

SPOILED BRAT BY DESIGN TEAM, LLC
2367 BENT TREE ROAD, STE. 2318
PALM HARBOR, FL 34683

SUBJECT: SPOILED BRAT BY DESIGN TEAM, LLC
REF: L02000021847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

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