

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:53

DOCUMENT # LO200024168

1. Limited Liability Company's Name

STUDIO LULA, LLC

2. Principal Office Address

8700 GULF BLVD

Suite, Apt. #, etc.

City & State

ST PETE BEACH FL

Zip

33706

Country

USA

3. Mailing Office Address

10643 N 30TH AVE

Suite, Apt. #, etc.

City & State

PHOENIX, AZ 85053

Zip

85053

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

SEPT 17, 2002

6. FEI Number

06-1655618

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

LISA ANN GOLDBERG

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

8700 GULF BLVD

Suite, Apt. #, Etc.

City

ST PETE BEACH

State

FL

Zip Code

33706

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

7-11-06

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
OVERSOLD MANAGER		same	
MEM	LISA ANN GOLDBERG (ANN)		800077728508 07/19/06--01047--005 **255.00
			REINSTATEMENT 04-06

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 7-11-06

Daytime Phone # 480-262-2118

Typed or printed name of signing Managing Member/Manager

LISA ANN GOLDBERG