

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

APR -7 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031728

1. Limited Liability Company's Name

Las Vegas style marketing LLC.

2. Principal Office Address

17125 N. Bay Rd.

Suite, Apt. #, etc.

3507

City & State

SUNNY ISLES BEACH, FL.

Zip

33160

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

11-21-2002

6. FEI Number

13-4225933

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

MARK T. KEMP

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

17125 N. Bay Rd.

Suite, Apt. #, Etc.

3507

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

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

Mark T. Kemp

Date

03-29-04

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 |
|-------------|--------------------------------------|---|-------------------------------------|
| <u>MGR.</u> | <u>MARK T. KEMP</u> | <u>17125 N. Bay Rd. # 3507</u> | <u>SUNNY ISLES BEACH, FL. 33160</u> |
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REINSTATEMENT

03-29-04

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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

Mark T. Kemp

Date

03-29-04

Daytime Phone # (305) 572-1119

Typed or printed name of signing Managing Member/Manager

MARK T. KEMP.

CR2E041 (10/02)