

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000008922

1. Limited Liability Company's Name
PICTURE THIS PARTY PROMOTIONS, LLC.
19902 NE 19TH COURT
NORTH MIAMI BEACH, FL 33179-1674

900137574989
11/03/08--01057--009 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 19902 NE 19TH CT. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State NORTH MIAMI BCH, FL		City & State	
Zip 33179	Country MIAMI-DADE	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida YES	
6. FEI Number 05-0576475	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
RICHARD C. WOLFE

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2 STREET

Suite, Apt. #, Etc.
3300

City - MIAMI State - FL Zip Code - 33131

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 Date 10/30/08

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
MEMBER	MICHELLE WOLFE	19902 NE 19TH CT	NORTH MIAMI BCH, FL 33179
P			

REINSTATEMENT 0708

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 10/30/08 Daytime Phone 305-933-4055

Typed or printed name of signing Managing Member/Manager MICHELLE WOLFE