

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

255.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:42

DOCUMENT # L03000034291

1. Limited Liability Company's Name

Bauhaus Classics, LLC

CR2E041 (8/05)

2. Principal Office Address

180 NE 86th St.

3. Mailing Office Address

180 NE 86th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

El Portal, FL

City & State

El Portal, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

6-28-04

6. FEI Number

20-1442942

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

Kristina Aston

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

180 NE 86th St.

Suite, Apt. #, Etc.

City

El Portal

State

FL

Zip Code

33138

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

Kristina Aston

Date 3/7/06

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 |
|-----------------------------------|--------------------------------------|---|---|
| President President | Kristina Aston | 180 NE 86 th St. | Miami FL 33138 |
| | | | 800069950078 04/10/06--01052--016 **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

Kristina Aston

Date

3/7/06

Daytime Phone #

305-757-6215

Typed or printed name of signing Managing Member/Manager

Kristina Aston