

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LO3000034610

1. Limited Liability Company's Name

BRAZELL STUDIOS, LLC

200043365722
12/13/04--01059--014 **100.00

MJH

12/13

2. Principal Office Address

10200 ATLANTIC BLVD
Suite, Apt. #, etc. 5

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

—

Zip

32225

Country

DUVAZ

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/12/03

6. FEI Number

267330484

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

RICKY BRAZELL

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

11329 ASHTON HALL DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

200043365722
10/18/04 01090 009 **50.00

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

Ricky A. Brazell

REGISTERED AGENT MUST SIGN

Date 12-8-04

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
MEM	RICKY BRAZELL	11329 ASHTON HALL DR	JACKSONVILLE FL 32246

REINSTATEMENT 2004

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

Ricky A. Brazell

Date 12-8-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR20041 (10/02)