

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 14 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1.03000052847

1. Limited Liability Company's Name

Aries Graphics & Design, LLC

100149701551  
04/13/09--01014--007 \*\*416.25  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

13116 Harriers Place

Suite, Apt. #, etc.

3. Mailing Office Address

13116 Harriers Place

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Bradenton

Zip

34212

Country

USA

Zip

34212

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/11/2003

6. FEI Number

200920391

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

Terry Rawstern

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

13116 Harriers Place

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34212

☒ 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 4/9/2009

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
MGRM	Terry Rawstern	13116 Harriers Place	Bradenton, FL 34212
MGRM	Christine Rawstern	13116 Harriers Place	Bradenton, FL 34212

**STATEMENT** 2007-09 JB

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 4/9/2009

Daytime Phone # 941-527-1444

Typed or printed name of signing Managing Member/Manager Terry Rawstern