

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000016481

1. Limited Liability Company's Name

Angelheart, LLC

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

529 S. FLAGLER DR

Suite, Apt. #, etc.

UNIT 30 E

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

29 W. 15th St

Suite, Apt. #, etc.

Floor 9

City & State

New York, NY

Zip

10011

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/18/2004

6. FEI Number

200880981

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

A. William Secord

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

529 S. FLAGLER DR

Suite, Apt. #, Etc.

UNIT 30 E

City

West Palm Beach

State

FL

Zip Code

33401

300258580093
04/02/14--01027--012 **1215.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/27/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	William Stern	c/o Bruce Bierman Design 29. West 15th St. Floor 9	NEW YORK, NY 10011

REINSTATEMENT

07-14

11. E-mail Address: Bill@BIERMANDESIGN.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 3/24/14

Daytime Phone #

212-243-1935

Typed or printed name of signing Authorized Representative/Manager

Bruce Bierman

APR-21 2014

M. WILLIAMS