

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000045607

1. Limited Liability Company's Name

TERPSCHICORE, LLC

06

FILED  
08 OCT 20 PM 2:45  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

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

6321 PATTON STREET

Suite, Apt. #, etc.

City & State

NEW ORLEANS, LOUISIANA

Zip

70118

Country

3. Mailing Office Address

6321 PATTON STREET

Suite, Apt. #, etc.

City & State

NEW ORLEANS, LOUISIANA

Zip

70118

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

05/16/2004

6. FEI Number

20-0790939

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

MARY GRAVES

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

819 AMBERWAY DRIVE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32508

☒ 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, P.S.

Signature of  
Registered Agent

Mary Graves

REGISTERED AGENT MUST SIGN

Date 9/20/08

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
MGR	ANDRE STERN	6321 PATTON STREET	NEW ORLEANS, LA 70118
MGR	HAROLD F PERRET	6758 COLBERT STREET	NEW ORLEANS, LA 70124

REINSTATEMENT 2006-2008

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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, P.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

Andre Stern

Date

9/28/08

Daytime Phone #

(504) 909-1719

Typed or printed name of signing Managing Member/Manager

ANDRE STERN