

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV -4 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600137474766
10/30/08--01020--003 **516.25

CR2E041 (12/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000009126

1. Limited Liability Company's Name

Arts Village Family Company, LLC

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

25 and Street N

Suite, Apt. #, etc.

Suite 210

City & State

St Petersburg, FL

Zip

Country

33701

US

3. Mailing Office Address

25 and Street N

Suite, Apt. #, etc.

Suite 210

City & State

St Petersburg, FL

Zip

Country

33701

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

1/27/05

6. FEI Number

20-8815778

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

Jimmy Aviram

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

25 and Street N

Suite, Apt. #, Etc.

Suite 210

City

St Petersburg

State

FL

Zip Code

33701

☐ 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

REGISTERED AGENT MUST SIGN

Date 9/19/08

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
P	Jimmy Aviram	25 and St N Ste 210	St Pete FL 33701

REINSTATEMENT 06-08

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 9/19/08

Daytime Phone # 727 803 4370

Typed or printed name of signing Managing Member/Manager

Jimmy Aviram