

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000030681

1. Limited Liability Company's Name

STM DESIGNS, LLC

CR2E041 (10/08)

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

5225 HARBOR VILLAGE DR E.

3. Mailing Office Address

645 5TH AVE

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

8TH FLOOR

City & State

VERO BEACH, FL

City & State

NEW YORK, NY

Zip

32967

Country

US

Zip

10022

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/29/2005

6. FEI Number

20-2614352

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

SHARYN MANN

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

5225 HARBOR VILLAGE DR EAST

Suite, Apt. #, Etc.

#105

City

VERO BEACH

State

FL

Zip Code

32967

☐ 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

Sharyn Mann

Date 11/5/08

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
<u>MGRM</u>	<u>SHARYN MANN</u>	<u>5225 HARBOR VILLAGE DR E</u>	<u>VERO BEACH, FL 32967</u>

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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

Sharyn Mann

Date 11/05/08

Daytime Phone # 212 848-0217

Typed or printed name of signing Managing Member/Manager

SHARYN MANN