

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR -3 PM 1:40

DOCUMENT # 405000033117

1. Limited Liability Company's Name

SOUTHEAST STUDIO Management LLC

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

13945 NW 22nd Ct  
Suite, Apt. #, etc.

3. Mailing Office Address

13945 NW 22nd Ct  
Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33028

Country

Broward

Zip

33028

Country

Broward

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

04/04/2005

6. FEI Number

20-2632563

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

James F. Nichols

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

13945 NW 22nd Ct.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/26/2008

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| Mgr.   | James F. Nichols                     | 13945 NW 22nd Ct                                  | Pembroke Pines, FL 33028 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

REINSTATEMENT 2006-08

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

[Signature]

Date 3/26/08

Daytime Phone # 813 951-1533

Typed or printed name of signing Managing Member/Manager

James F. Nichols