

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000071734

**FILED**  
**Sep 30, 2008**  
**Secretary of State**

**Entity Name:** CURE & PENABAD STUDIO, LLC

**Current Principal Place of Business:**

1209 SAN MIGUEL AVENUE  
CORAL GABLES,, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1209 SAN MIGUEL AVENUE  
CORAL GABLES,, FL 33134

**New Mailing Address:**

FEI Number: 20-4522453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PENABAD, CORALEE G  
200 SOUTH BISCAYNE BLVD  
SUITE 3000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORALEE PENABAD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PENABAD-CURE, CARIE A  
Address: 1209 SAN MIGUEL AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: CURE, ADIB  
Address: 1209 SAN MIGUEL AVENUE  
City-St-Zip: CORAL GABLES,, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADIB CURE

MGRM

09/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date