

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 10 PM 2:33

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000076179

1. Limited Liability Company's Name

PINK FLAMINGO STUDIO, LLC

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

1648 Pine Harrier Circle

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

3. Mailing Office Address

1648 Pine Harrier Circle

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

AUGUST 3, 2005

6. FEI Number

☐ 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

MICHELE B. GRIMES

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

200 S. ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34236

☐ 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

Michele B. Grimes
REGISTERED AGENT MUST SIGN

Date

3/24/08

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	JANICE BOWERS	1648 Pine Harrier Circle	Sarasota, FL 34231

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

Janice Bowers

Date

3-28-08

Daytime Phone #

941-929-9335

Typed or printed name of signing Managing Member/Manager

JANICE BOWERS

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