

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -6 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 105-89319

1. Limited Liability Company's Name

PET LOUNGE STUDIOS LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1290 FAIRVIEW LANE

3. Mailing Office Address
PO BOX 11592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVIERA BEACH, FLORIDA

City & State

RIVIERA BEACH, FLORIDA

Zip
33404

Country
USA

Zip
33419

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida **11/01/2007**

6. FEI Number
41-2256477

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
ROBERT COREY DREW

Street Address (P.O. Box Number is Not Acceptable)
1290 FAIRVIEW LANE

Suite, Apt. #, Etc.

City
RIVIERA BEACH

State
FL

Zip Code
33404

☐ 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

R. Corey Drew

REGISTERED AGENT MUST SIGN

Date **10/31/2007**

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
PRESIDENT	ROBERT COREY DREW	1290 FAIRVIEW LANE	RIVIERA BEACH/FL./33404

REINSTATEMENT

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11/02/07--01050--006 **205.00

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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

R. Corey Drew

Date **10/31/2007**

Daytime Phone # **305.542.4500**

Typed or printed name of signing Managing Member/Manager

ROBERT COREY DREW