

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 CORPORATION

10 JAN -4 PM 3: 39

**DOCUMENT #**

1. Limited Liability Company's Name

PET LOUNGE STUDIOS LLC.

700164063847  
12/30/09--01037--003 \*\*416.25

CR2E041 (11/09)

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

1290 FAIRVIEW LN

Suite, Apt. #, etc.

3. Mailing Office Address

1290 FAIRVIEW LN

Suite, Apt. #, etc.

City & State

RIVIERA BCH, FL

Zip

33404

Country

USA

City & State

RIVIERA BCH, FL

Zip

33404

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

9/12/2005

6. FEI Number

412556477

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

DREW, COREY R.

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

1290 FAIRVIEW LN.

Suite, Apt. #, Etc.

City

RIVIERA BCH, FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/28/2009

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	DREW, COREY R.	1290 FAIRVIEW LN.	RIVIERA BCH, FL, 33404

REINSTATEMENT 2008-ID 804

11. E-mail Address: COREY@PETLOUNGESTUDIOS.COM

(To be used for future annual report notifications)

12. 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 12/28/09

Daytime Phone #

305.542.4500

Typed or printed name of signing Managing Member/Manager

R. COREY DREW