

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 25 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 606000081329

1. Limited Liability Company's Name

IG Studios L.L.C.

200181319282
05/25/10--01014--002 **\$55.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>2074 West 15th Street</u>		3. Mailing Office Address <u>9517 Staples Mill dr</u>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32209</u>	Country <u>DUVAL</u>	Zip <u>92244</u>	Country <u>DUVAL</u>

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/07

6. FEI Number

711030808

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

Shedrick Williams

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

2074 West 15th Street

Suite, Apt. #, Etc

City

Jacksonville

State

FL

Zip Code

32204

☒ 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

5/25/10

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
<u>President</u>	<u>Shedrick Williams</u>	<u>2074 West 15th Street</u>	<u>Jacksonville, FL / 32204</u>

REINSTATEMENT 2007-10 SEM

11. E-mail Address: SWILLIAMS@IGSTUDIOS.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

5/25/10

Daytime Phone #

904-472-3574

Typed or printed name of signing Managing Member/Manager

Shedrick Williams