

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000088499

1. Entity Name  
ART STUDIO B L.L.C.



FILED

07 NOV -7 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
37B SOUTH FEDERAL HIGHWAY  
DANIA BEACH, FL 22004

Mailing Address  
37B SOUTH FEDERAL HIGHWAY  
DANIA BEACH, FL 22004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

510606236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MURASKIN, JOSEPH H  
300 THREE ISLANDS BLVD  
608  
HALLANDALE BEACH, FL 33004

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
MURASKIN, JOSEPH H  
300 THREE ISLANDS BLVD  
HALLANDALE BEACH, FL 33009

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
LIBMAN, ADINA  
315 OREGON STREET  
HOLLYWOOD BEACH, FL 33019

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2007

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/11/07--01048--025 \*\*100.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400112088124  
11/08/07--01001--005 \*\*50.00

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/2/07 954-457-3971