

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**13 DEC 20 PM 1:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L06000094770**

1. Limited Liability Company's Name

**SB GRAPHICS GROUP L.L.C.**

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

**240 NE 48TH TER.**

Suite, Apt. #, etc.

3. Mailing Office Address

**240 NE 48TH TER.**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

4. State/Country of Formation

**Florida / USA**

5. Date Organized or Qualified  
To Do Business In Florida

**09/27/2006**

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

**600254921786  
12/20/13--01016--012 \*\*823.75**

**bernard@almostfamous.com**

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

**TEDD BERNARD**

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

**240 NE 48TH TER.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33137**

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

REGISTERED AGENT MUST SIGN

Date **11-13-13**

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	Tedd Bernard	240 NE 48TH TER.	Miami, FL 33137

**DEC 20 2013**

**S. PRATHER**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date **11-13-13**

Daytime Phone # **404-261-3263**

Typed or printed name of signing Managing Member/Manager **Tedd Bernard, Manager**

SB GRAPHICS GROUP LLC  
1600 NE 103<sup>rd</sup> STREET  
MIAMI SHORES, FLORIDA 33138

---

December 19, 2013

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Reinstatement of SB Graphics Group L.L.C.**

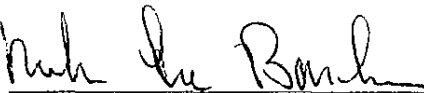
Dear Sir or Madam:

The undersigned, as Manager of SB Graphics Group LLC, a Florida limited liability company, registered under Document Number L13000099169, hereby authorizes use of the name "SB Graphics Group L.L.C.", by an inactive Florida limited liability company, registered under Document Number L06000094770, filing a Limited Liability Company Reinstatement form. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

SB Graphics Group LLC,  
a Florida limited liability company  
Document Number L13000099169

By:   
Norton L. Barchan, Manager