

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 15 AM 8: 50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800163589808
12/14/09--01059--007 **125.00

CR2E041 (11/09)

DOCUMENT # L06000117318

1. Limited Liability Company's Name

PIXELHOUSE LLC

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

2640 Hollywood Blvd

Suite, Apt. #, etc.

Suite 115

City & State

Hollywood, FL

Zip

33020

Country

BROW

3. Mailing Office Address

2640 Hollywood Blvd

Suite, Apt. #, etc.

Suite 115

City & State

Hollywood, FL

Zip

33020

Country

BROW

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/12/2006

6. FEI Number

20-8022596

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

Maria Satchell

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

3469 Buchan St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☐ 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

Maria Satchell

Date

12/11/09

REGISTERED AGENT MUST SIGN

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
Member	David Rodriguez	3744 Windber Blvd	Palm Harbor, FL 34685
Member	David Hall	17505 Canal Shores Dr	Odessa, FL 33556
Member	Maria Satchell	3469 Buchan St	Hollywood, FL 33021

L. SELLERS

REINSTATEMENT

DEC 16 2009

EXAMINER

11. E-mail Address: **maria@adprodsves.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

Maria Satchell

Date

12/11/09

Daytime Phone #

9549242560

Typed or printed name of signing Managing Member/Manager