

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 AUG -4 PM 2: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100156995141
06/10/09--01074--023 **140.00

CR2E041 (10/08)

DOCUMENT # L07000039025

1. Limited Liability Company's Name

DRAWING ON PEOPLE LLC

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

1198 VENETIAN WAY

Suite, Apt. #, etc.

215

City & State

Miami Bch FL

Zip

33139

Country

US

3. Mailing Office Address

1198 VENETIAN WAY

Suite, Apt. #, etc.

215

City & State

Miami Bch FL

Zip

33139

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

4/11/07

6. FEI Number

20-8894023

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

JASON KULKA

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

4400 N FED HWY

Suite, Apt. #, Etc.

210-9

City

BOCA RATON

State

FL

Zip Code

33431

☒ 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

Jason Kulka

REGISTERED AGENT MUST SIGN

Date

5/26/09

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
MEM	JASON FISS	1198 VENETIAN WAY * 215	Miami Bch FL 33139

REINSTATEMENT

08/09
AL

100156995141
07/08/09--01037--006 **137.50

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.

Signature of

Managing Member/Manager

Jason Fiss

Date

5/27/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JASON FISS