

* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -2 PM 3:14

DOCUMENT # 107000064209

1. Limited Liability Company's Name
MOORE STUDIO, L.L.C.

400167769204
02/02/10--01013--019 **\$61.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 24 E 1ST AVENUE		3. Mailing Office Address 2441-1 E ARAGON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DANIA BEACH, FL		City & State SUNRISE, FL	
Zip 33304	Country USA	Zip 33313	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 06/18/2007	
6. FEI Number 27-1678617	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name GARY L. MOORE		
Street Address (P.O. Box Number is Not Acceptable) 2441-1 E ARAGON BLVD.		
Suite, Apt. #, Etc.		
City SUNRISE	State FL	Zip Code 33313

☐ 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 GARY L MOORE Date _____

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	GARY L MOORE	2441-1 E ARAGON BLVD	SUNRISE, FL 33313

REINSTATEMENT 2008-2010

11. E-mail Address: GARYMOORE06@COMCAST.NET

(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 GARY L MOORE Date JAN 28, 10 Daytime Phone # (305) 323-6923

Typed or printed name of signing Managing Member/Manager GARYMOORE06@COMCAST.NET

J. Hampton FEB - 3 2010