L07000123983

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -4 AM 8:37

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000123983

500181716735

CR2E041 (12/07)

1. Limited Liability Company's Name
PHILIP CHAPPELLE DESIGN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6915 BAY DR	
Suite, Apt. #, etc.: APT 1	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State
Zip: 33141 Country: US	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12.13.2007

6. FEI Number: 26-1602631 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1206 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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: [signature] Date: 6/4/10
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
mem	PHILIP CHAPPELLE	6915 BAY DR APT 1	MIAMI BEACH FL 33141

REINSTATEMENT 2008-2010

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: [signature] Date: 06 04 10 Daytime Phone #: 305 773 8870

Typed or printed name of signing Managing Member/Manager: PHILIP CHAPPELLE

CORPORATION SERVICE COMPANY

L07000123983

ACCOUNT NO. : I20000000195

REFERENCE : 405867 7621531

AUTHORIZATION :

COST LIMIT : $ 521.25

ORDER DATE : June 4, 2010

ORDER TIME : 11:12 AM

ORDER NO. : 405867-005

CUSTOMER NO: 7621531

RECEIVED
10 JUN -4 PM 1:36

DOMESTIC FILINGS

NAME: PHILIP CHAPPELLE DESIGN, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

FILED
10 JUN -4 AM 8:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS