

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 FEB 11 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000015790

1. Limited Liability Company's Name

S.M. Klein Photography, LLC

W16-5944

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

1901 Winding Creek Lane

3. Mailing Office Address

1901 Winding Creek Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

Zip

34981

Country

USA

Zip

34981

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL/St. Lucie

5. Date Organized or Qualified
To Do Business in Florida

02/16/2009

6. FEI Number

26-4099349

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

Susan M Klein

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

1901 Winding Creek Lane

Apt. #, Etc

City

Fort Pierce

State

FL

Zip Code

34981

000281308700
02/11/16--01015--027 **420.00

000281308700
01/22/16--01013--013 **243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Susan M. Klein

REGISTERED AGENT MUST SIGN

Date

1/17/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Susan M. Klein	1901 Winding Creek Lane	Fort Pierce FL 34981

REINSTATEMENT

FEB 11 2016

R. HUNT

11. E-mail Address: SMKleinPhoto@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Susan M. Klein

Date

1/17/2016

Daytime Phone #

(772) 486-1494

Typed or printed name of signing authorized representative/member