PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 28 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

DOCUMENT # L09000015970

1. Limited Liability Company's Name
Cynthia Whitaker Studio LLC

2. Principal Office Address - No P.O. Box #
6324 La Costa Drive
Suite, Apt. #, etc.
K
City & State
Boca Raton, FL
Zip 33433 Country Palm Beach

3. Mailing Office Address
6324 La Costa Drive
Suite, Apt. #, etc.
K
City & State
Boca Raton, FL
Zip 33433 Country Palm Beach

4. State/Country of Formation
Florida - USA.

5. Date Organized or Qualified To Do Business in Florida 2/17/09

6. FEI Number 26-426-5867 ☐ 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
Cynthia Whitaker
Street Address (P.O. Box Number is Not Acceptable)
6324 La Costa Drive
Suite, Apt. #, Etc.
K
City Boca Raton State FL Zip Code 33433

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 X _____ Date 12/20/10
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
Mgr	Cynthia Whitaker	same	

REINSTATEMENT 2010

L. SELLERS
DEC 29 2010
EXAMINER

11. E-mail Address: C@CWhitakerstudio.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 X _____ Date 12/20/10 Daytime Phone # 954-907-7837

Typed or printed name of signing Managing Member/Manager _____