

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY 14 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L12000132325

900259760529
05/01/14--01031--008 **238.75

CR2E041 (1/14)

MOTION DRIVEN STUDIOS, LLC

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

3. Mailing Office Address

2310 ARDENWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL

Zip

Country

Zip

Country

34609

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

46-1205878

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

RYAN EUBANKS

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

2310 ARDENWOOD DRIVE

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34609

900259760529
05/22/14--01005--008 **138.75

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

Ryan Eubanks
REGISTERED AGENT MUST SIGN

Date

4/23/14

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
AR	RYAN EUBANKS	2310 ARDENWOOD DR	SPRING HILL, FL 34609
AR	KATRINA EUBANKS	2310 ARDENWOOD DR.	SPRING HILL, FL 34609
			S. HAWKES
			MAY -7 A.M.
			EXAMINER
	REINSTATEMENT		
	2013 - 2014 377.50		

11. E-mail Address:

ryan@motiondrivenstudios.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Ryan Eubanks

Date

4/23/14

Daytime Phone #

352)428-1695

Typed or printed name of signing Authorized Representative/Manager

RYAN EUBANKS