PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
2022 Dec.13 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FL

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12/13/22--01003--027 **1071.25

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000175675

1 Limited Liability Company's Name
studioVicious, LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
2050 Huntsford Rd	2050 Huntsford Rd
Suite - pt. # etc	Suite - pt. # etc
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32207 Country: United States	Zip: 32207 Country: United States

4 State/Country of Formation: Florida, United States

5 Date Organized or Qualified to Do Business in Florida: 11 March 2014

6 FE Number: 30-0803401 ☐ 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: Bryan Jackson

Street Address (P.O. Box Number is Not Acceptable): 2050 Huntsford Rd

Apt. # Etc:

City: Jacksonville State: FL Zip Code: 32207

REINSTATEMENT
2016 - 2022

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

Signature of Registered Agent: Bryan Jackson Date: 26 Dec 2022
REGISTERED AGENT MUST SIGN

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	Bryan Jackson	2050 Huntsford Rd	Jacksonville, FL 32207

11 E-mail Address: studiovicious@gmail.com
Needed 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: Bryan Jackson Date: 26 Dec 2022 Daytime Phone #: 9044409373

Typed or printed name of signing authorized representative/member: Bryan Jackson