

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16 000021871

1. Limited Liability Company's Name

STUDIO PRP PROPERTY, LLC

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

2595 NW Boca Raton Blvd.

Suite, Apt. #, etc.

ste 200

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Office Address

2595 NW Boca Raton Blvd.

Suite, Apt. #, etc.

200

City & State

Boca Raton FL

Zip

33431

Country

USA

8. Name and Address of Current Registered Agent

Name

LISBETH W ROY

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

2595 NW Boca Raton Blvd

Apt. #, Etc.

ste 200

City

Boca Raton

State

FL

Zip Code

33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/7/17

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
MS.	HEIDI SCHULTE	2595 NW Boca Raton Blvd	Boca Raton FL 33431

REINSTATEMENT

NOV 13 2017

R. HUNT

11. E-mail Address

Heidi@doctorsstudio.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

[Signature]

Date

11-7-17

Daytime Phone #

561-444-7751

Typed or printed name of signing authorized representative/member

HEIDI SCHULTE

FILED

2017 NOV 13 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200304776062

10/24/17-01003-029

\$125.00

CR2EC41 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

1-4-14

6. FEI Number

26-3101549

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status