


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22000399028			
1. Limited Liability Company's Name Dane Studios Llc			
2. Principal Office Address - No P.O. Box # 1623 Collins Ave Suite, Apt. #, etc. #318 City & State Miami Beach Zip Country 33139 FL		3. Mailing Office Address 1623 Collins Ave Suite, Apt. #, etc. #318 City & State Miami Beach Zip Country 33139 FL	
8. Name and Address of Current Registered Agent Name Registered Agents Inc Street Address (P.O. Box Number is Not Acceptable) Suite, 7901 4th St N Apt. #, Etc. STE 300 City State Zip Code St. Petersburg FL 33702			
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 09/22/22			
6. FEI Number 920359249		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
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 <u>Registered Agents Inc</u> Date 12/12/24 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
Mrs	Anastasiia Krutova	1302 Pacific Ave	Venice CA 90291
Mr	Abishek Daniel Chawla	1623 Collins Ave	Miami Beach FL 33139
11. E-mail Address Danestudios@gmail.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 <u>Anastasiia Krutova</u>		Date 12/12/24 Daytime Phone # +16468157430	
Typed or printed name of signing authorized representative/member Anastasiia Krutova			

DEC 30 2024