## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## REINSTATEMENT FILEU **DOCUMENT # L97000000752** SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name PORTRAITS FOR YOU, L.C. 05 MAY 13 AM In: LI Principal Place of Business Mailing Address STE. 1. 4800 N. A1A STE. 1, 4800 N. A1A VERO BEACH, FL 32963 VERO BEACH, FL 32963 3. Mailing Address 2. Principal Place of Business 31 Cache Cay Drive 31 Cache Cav Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 REIN-LLC CB2E101 (6/04) Applied For City & State City & State 4. FEI Number Vero Beach, Florida 🚉 Vero Beach, Floridá 65-0772895 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32963 USA 32963 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONROY, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 31 CACHE COY DRIVE VERO BEACH, FL 32963 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$100.00 liability company did not receive the prior notice. Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. 000056153490 ☐ Addition MGRM TITLE TITLE Delete CONROY, WILLIAM J NAME NAME 06/14/05--01050--005 STREET ADDRESS STREET ADDRESS 31 CACHE CAY DRIVE CITY-ST-7IP CITY-ST-ZIP VERO BEACH, FL 32963 ☐ Addition MGRM XI Change MGRM ☐ Delete TITLE TITLE CONROY, JOAN L NAME NAME CONROY, JOAN L STREET ADDRESS STREET ADDRESS 31 CACHE COY DRIVE 31 CACHE CAY DRIVE CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP VERO BEACH, FL 32963 ☐ Addition MGME □ Delete TITLE ☐ Change TITLE CONROY, BRIAN I NAME NAME STREET ADDRESS 550 BEACH RD., APT. #320 STREET ADDRESS VERO BEACH, FL 32913 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY <sub>S</sub>ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAMe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE