

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 15 AM 11:59

DOCUMENT # L99000006431

1. Limited Liability Company's Name

I.D. Studio, L.L.C.

W07-56077

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

157 Pineapple Grove Way

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip
33444

Country
USA

3. Mailing Office Address

170 Pineapple Grove Way

Suite, Apt. #, etc.

City & State

Delray Beach

Zip
33444

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12-1999

6. FEI Number
65-0960286

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
Roy M. Brown

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

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33487

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Roy M. Brown

REGISTERED AGENT MUST SIGN

Date 11/13/2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Roy M. Brown	172 Oregon Lane	Boca Raton, FL 33487
VP	Christine L. Brown	172 Oregon Lane	Boca Raton, FL 33487

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

Roy M. Brown

Date 11/13/2007

Daytime Phone # 561-715-9849

Typed or printed name of signing Managing Member/Manager Roy M. Brown

REINSTATEMENT

2006-2007