

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99000006444**

1. Limited Liability Company's Name

AARDVARK PRODUCTIONS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 AM 10:18

400004717584--5
-12/11/01--01004--012
****150.00 ****150.00

2. Principal Office Address

428 AKRON AVE

Suite, Apt. #, etc.

1A

City & State

STUART FL

Zip

34994

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

1993

6. FEI Number

65-0412052

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GERALYNN KRUEGER

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

428 AKRON AVE DA

Suite, Apt. #, Etc.

1A

City

STUART FL 34994

State

FL

Zip Code

34994

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

Geraldynn Krueger
REGISTERED AGENT MUST SIGN

Date **11/28/01**

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

MEMBER GERALYNN KRUEGER

SAME AS ABOVE

MEMBER MICHAEL KRUEGER

" " "

Rein 100

UBR 50

150

REINSTATEMENT 2001

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

Geraldynn Krueger

Date **11/28/01**

Daytime Phone #

561-221-9660

Typed or printed name of signing Managing Member/Manager

GERALYNN KRUEGER

CR2E041 (9/01)