

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

M02000000265

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M02 000000265**

1. Limited Liability Company's Name

Art Asylum, LLC

9/26/03

FL

2. Principal Office Address

455 Fairway Drive

Suite, Apt. #, etc..

Suite 300

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

2/1/02

6. FEI Number

04-359 2005

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

600025234176

State

FL

Zip Code

32301

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

[Signature]

**Brian Courtney
Asst. V. Pres.**

Date

12/4/05

REGISTERED AGENT MUST SIGN

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
mgr member	Jay Foreman	455 Fairway Drive, Ste 300	Deerfield Beach, FL 33441
mgr member	Charlie Emby	455 Fairway Drive, Ste. 300	Deerfield Beach, FL 33441
mgr member	Lawrence Geller	455 Fairway Drive, Ste. 300	Deerfield Beach, FL 33441
mgr member	Adam Unger	455 Fairway Drive, Ste 300	Deerfield Beach, FL 33441
mgr member	Donna Soldano	455 Fairway Drive, Ste. 300	Deerfield Beach, FL 33441
mgr member	Thomas Mesch	455 Fairway Drive, Ste. 300	Deerfield Beach, FL 33441

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 608.408, 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

[Signature]

Date

12/3/03

Daytime Phone #

954 596 2210

Typed or printed name of signing Managing Member/Manager

Lawrence Geller, member

CR2E041 (10/02)



M02060060265

ACCOUNT NO. : 072100000032

REFERENCE : 345806 7407570

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : December 4, 2003

ORDER TIME : 11:41 AM

ORDER NO. : 345806-005

CUSTOMER NO: 7407570

CUSTOMER: Ms. Marissa Goldberg
Play Along, Inc.
Suite 3
455 Fairway Dr
Deerfield Beach, FL 33441-1809

MR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ART ASYLUM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 DEC -4 PM 12:40
DIVISION OF CORPORATION