

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 12 PM 10:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M0300001461

1. Limited Liability Company's Name
WBS Studio, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
509 NE 3rd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address
509 NE 3rd Ave.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida Delaware

5. Date Organized or Qualified
To Do Business in Florida
5/8/2003

6. FEI Number
42-1589422

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State
Fort Lauderdale, FL

Zip
33301

Country
USA

City & State
Fort Lauderdale, FL

Zip
33301

Country
USA

8. Name and Address of Current Registered Agent

Name

Burton Rosenberg

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

509 NE 3rd Ave.

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33301

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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

REGISTERED AGENT MUST SIGN

Date 12/10/14

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
President	Burton Rosenberg	509 NE 3rd Ave.	Fort Lauderdale, FL 33301

REINSTATEMENT

2004-2013

DEC 12 2014

M. WILLIAMS

11. E-mail Address: impal9@aol.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12/10/14

Daytime Phone # 954-766-8440

Typed or printed name of signing Authorized Representative/Manager

Burton Rosenberg