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
05 JAN 19 PM 12:10

REINSTATEMENT 03-05

DOCUMENT # L00000007394

1. Limited Liability Company's Name
Alpha Florida Entertainment, LLC

2. Principal Office Address	3. Mailing Office Address
707 Skokie Blvd	707 Skokie Blvd
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: Northbrook, IL	City & State: Northbrook
Zip: 60062 Country: USA	Zip: 60062 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 6/23/2000

6. FEI Number: 061589410 — 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 State: FL Zip Code: 32301-2525

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: Brian Courtney Asst. V. Pres. Date: 1/10/05
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	SCOTT KANIEWSKI	707 SKOKIE BLVD	NORTH BROOK IL 60062

100044506551
01/19/05--01024--001 **250.00

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: [signature] Date: 1/7/2005 Daytime Phone #: 847-418-3804

Typed or printed name of signing Managing Member/Manager: Scott A. Kaniewski