


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000033469**

1. Limited Liability Company's Name
Gem Entertainment Group, LLC

2. Principal Office Address 1330 West Avenue Suite, Apt. #, etc. 707 City & State Miami Beach, FL Zip 33139 Country US		3. Mailing Office Address 1330 West Avenue Suite, Apt. #, etc. 707 City & State Miami Beach, FL Zip 33139 Country US	
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4. State/Country of Formation
Florida, US

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
331042208 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

City
Tallahassee

State
FL

Zip Code
32301

500033204595
04/20/04 01073 005 **200.00

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 **Whitney Belker** Date **4/14/04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/s/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Whitney Belker	1330 West Ave # 707	Miami Beach, FL 33139
MGR	John Geraci	90 N. Prospect DR	Coral Gables, FL 33133

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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 **Whitney Belker** Date **4/15/04** Daytime Phone # **305-534-7710**

Typed or printed name of signing Managing Member/Manager **Whitney Belker**

CR2E041 (10/02)