

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 NOV 10 PM 2:13

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # LO400000 5571

1. Limited Liability Company's Name

Red Barn Productions

800137327168

11/14/08--01003--024 **177.00

2. Principal Office Address - No P.O. Box #

6551 Bayou Hammock Rd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longboat Key FL

City & State

Zip

34228

Country

monatee

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

3/04/2004

6. FCI Number

300791272

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

Phoebe Jo Shaw

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

6551 Bayou Hammock Rd

Suite, Apt. #, Etc.

City

Longboat Key

State

FL

Zip Code

34228

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Phoebe Jo Shaw REGISTERED AGENT MUST SIGN

Date 10/23/08

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: Pres, Phoebe Shaw, 655 Bayou Hammock Rd, Longboat Key FL 34228.

800137327168

10/27/08--01058--016 **100.00

REINSTATEMENT

07.08

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

Phoebe Jo Shaw

Date 10/23/08

Daytime Phone #

9413837967

Typed or printed name of signing Managing Member/Manager