


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAR 17 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M05000006802

1. Limited Liability Company's Name
Big Apple Entertainment Management LLC

2. Principal Office Address - No P.O. Box # 1221 Brickell Avenue		3. Mailing Office Address 1221 Brickell Avenue	
Suite, Apt. #, etc. Suite 2660		Suite, Apt. #, etc. Suite 2660	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
August 31, 2005

6. FEI Number
20-3552706

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

000257923750
03/18/14--01001--013 **798.75

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: Michele Holden **Michele Holden, Asst. Sec.** Date **03/17/14**

REGISTERED AGENT MUST SIGN

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
MM	Carni Development Group LLC	1221 Brickell Avenue, Suite 2660	Miami, FL 33131
REINSTATEMENT 2010-2014			
MAR 17 2014 L. SELLERS			

11. E-mail Address: adeionqh@1848capital.com

(Do not use 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: John J. Sicilian Date **3/17/2014** Daytime Phone # **(786) 662-3681**

Typed or printed name of signing Authorized Representative/Manager: **John J. Sicilian**