

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

15 FEB 16 PM 10:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L10000036814

1. Limited Liability Company's Name

MIDWSHU Productions, LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 123 Jolly Roger Dr. Suite, Apt. #, etc.

3. Mailing Office Address 123 Jolly Roger Drive Suite, Apt. #, etc.

4. State/Country of Formation Florida/USA

5. Date Organized or Qualified To Do Business in Florida 4/8/2010

City & State Key Largo

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6. FEI Number 27-2298563 Applied For Not Applicable

Zip 33037 Country USA

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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Mitchell Owen Shulman Street Address (P.O. Box Number is Not Acceptable) 123 Jolly Roger Drive Suite, Apt. #, Etc.

City Key Largo State FL Zip Code 33037

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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 Mitchell O. Shulman REGISTERED AGENT MUST SIGN

Date 2/9/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGR, Mitchell Owen Shulman, 123 Jolly Roger Dr., Key Largo, FL, 33037. Includes handwritten '↑ (self)' and 'REINSTATEMENT 2011-2015'.

11. E-mail Address: goodtiming2@hotmail.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 Mitchell O. Shulman Date 2/9/15 Daytime Phone # 305 562 0338

Typed or printed name of signing Authorized Representative/Manager Mitchell O. Shulman