

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 12 PM 12:38

1. DOCUMENT # L00000001240

Name and Mailing Address

0004710 01 FP 0.352 **PRST T4 0 0615 33480-24222
BOLDING-SCHAFFER PRODUCTIONS L.L.C.
P.O. BOX 2422
PALM BEACH FL 33480-2422

100012385251
02/12/03--01038--014 **200.00



REINSTATEMENT 2002-2003

2. New Mailing Address P.O. Box 2422 City, State, Zip PALM BEACH, FL 33480		4. State/Country of Formation FL	
Principal Place of Business 11567 WHITEMARSH DRIVE WELLINGTON FL 33414		5. Date Organized or Qualified To Do Business in Florida 02/03/2000	
3. New Principal Place of Business Address 2018 SW 29th COURT #6C1 City, State, Zip DELRAY BEACH, FL 33445		6. FEI Number 65-0994063 Applied For Not Applicable	
8. Name and Address of Current Registered Agent BOLDING, MARK 11567 WHITEMARSH DRIVE WELLINGTON FL 33414		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name MARK E. SCHAFFER Street Address (P.O. Box Number is Not Acceptable) 2018 SW 29th COURT #6C1 City DELRAY BEACH FL Zip Code 33445			
10. 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 <u>Mark E. Schaffer</u> Date <u>1/12/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BOLDING, MARK	11567 WHITEMARSH DRIVE	WELLINGTON FL 33414
MGRM	SCHAFFER, MATTHEW	1211 MANOR DRIVE	SINGERISLAND FL 33404
MGRM	BOLDING, SHANNON	11567 WHITEMARSH DRIVE	WELLINGTON FL 33414
MGRM	MARK E SCHAFFER	2018 SW 29th COURT #6C1	DELRAY BEACH, FL 33445
2002-			
REINSTATEMENT 2003-			

CR2E084 (8/02)

12. 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 Matthew Schaffer Date 1-12-03 Daytime Phone # 561-312-1094

Typed or printed name of signing Managing Member/Manager

MATTHEW SCHAFFER