

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT #

L-4753

1. Limited Liability Company's Name

Sing-A-Tune Balloons LLC

2. Principal Office Address

17915 FOXBOROUGH LN

3. Mailing Office Address

PO BOX 810847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON F

City & State

BOCA RATON FL

Zip

33496

Country

PB

Zip

33481

Country

PB

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/18/00

6. FEI Number

65-1006374

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

JOHN A BLACKMAN

200004702422-7

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

17375 ST. JAMES CT

-12/03/01--01058--019

****155.00 ****155.00

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33496

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/9/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN MEM	JOHN A BLACKMAN	17375 ST. JAMES CT	BOCA RATON FL 33496 ⁹⁶
MBR	FRED JARDW	17915 FOXBOROUGH LN	BOCA RATON FL 33496

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

[Signature]

Date

11/9/01

Daytime Phone #

581 483-3535

Typed or printed name of signing Managing Member/Manager

JOHN A. BLACKMAN