

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004970

1. Limited Liability Company's Name

UNITED FESTIVAL ORGANIZATION, LLC.

CR2E041 (8/05)

2. Principal Office Address

15 PARADISE PLAZA

3. Mailing Office Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

281

Suite, Apt. #, etc.

281

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

05/01/2000

6. FEI Number

651004415

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

S.T. OLESEN

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

2501 TULIP STREET

Suite, Apt. #, Etc.

City

SARASOTA, FL

State

FL

Zip Code

34239

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

Date 09/25/2005

REGISTERED AGENT MUST SIGN

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
MGR	KOCH, STEVE	7027 W BROWARD BLVD, SUITE 305	PLANTATION, FL 33317
MGR	OLESEN, RYAN	15 PARADISE PLAZA, SUITE 281	SARASOTA, FL 34239

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10/07/05 01048 016 ***200.00

REINSTATEMENT

2003 2005

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

Date 09/25/2005

Daytime Phone # 3232844255

Typed or printed name of signing Managing Member/Manager R. OLESEN