APPROVED AND FILED No. 540

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY

2001 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 NOV 21 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name: L00000005555

MINT ENTERTAINMENT, LLC

400004695484--4
-11/27/01--01067--014
*****50.00 *****50.00

2. Principal Office Address	3. Mailing Office Address
830 W. DILIDO DR.	830 W. DILIDO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI BEACH, FLORIDA	MIAMI BEACH, FLORIDA
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 5-15-00

6. FEI Number: 65-1007529 ☐ 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: ROBERTO CAAN

Street Address (P.O. Box Number is Not Acceptable): 830 W. DILIDO DRIVE

Suite, Apt. #, Etc.:

City: MIAMI BEACH State: FL Zip Code: 33139

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 _____
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR MBR	ROBERTO CAAN	830 W. DILIDO DR.	MIAMI BEACH, FL 33139

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 11/21/01 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

2 of 2

Jennifer L. Schechtman P.A.

CERTIFIED PUBLIC ACCOUNTANT

9050 PINES BOULEVARD, SUITE 205
PEMBROKE PINES, FL 33024
BROWARD 954/437-0700
DADE 305/625-9779
FAX 954/436-8195

November 21, 2001

Division of Corporations
Att: Brenda Tadlock
409 E. Gaines Street
Tallahassee, Florida 32399

RE: MINT ENTERTAINMENT, LLC
FEIN 65-1007529

Dear Ms. Tadlock:

We are the accountants for the above-referenced taxpayer. As per my conversation with your office today, please find enclosed a check in the amount of $50 for immediate reinstatement for Mint Entertainment, LLC. You already have faxed to you all the paperwork.

I wish to thank you very much for all your help in getting this matter resolved as quickly as possible.

Sincerely,

Loretta VandePol
For the Firm
LV/el

ww. cor01. Mint Entertainment, LLC-reinstatement