

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations
and
State Records

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 26 PM 12:37

1. DOCUMENT # L00000007864

Name and Mailing Address

0000943 01 FP 0.352 **PRSRT T3 0 0615 32819-525775

LAB RAT PRODUCTIONS LLC

7380 SAND LAKE ROAD, SUITE 350

ORLANDO FL 32819-5257

ORLANDO FL 32819-5257

REINSTATEMENT 2002



CR2E084 (8/02)

2. New Mailing Address

7680 UNIVERSAL BLVD #560

City, State, Zip: ORLANDO, FL 32819

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/05/2000

Principal Place of Business

7380 SAND LAKE ROAD, SUITE 350
ORLANDO FL 32819

3. New Principal Place of Business Address

7680 UNIVERSAL BLVD #560

City, State, Zip: ORLANDO, FL 32819

6. FEI Number

94-3369108

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

PEARLMAN, LOUIS
7380 SAND LAKE ROAD, SUITE 350
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

MIKE MORIN

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

7680 UNIVERSAL BLVD #560

City

ORLANDO

FL

Zip Code

32819

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

Mike Morin

Date 11/20/02

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
MGR	UNDERWOOD, JACOB	8305 LAKE SERENE DRIVE	ORLANDO FL 32838
MGR	PENICK, TREVOR	8305 LAKE SERENE DRIVE	ORLANDO FL 32836
MGR	ANGEL, ASHLEY P	8305 LAKE SERENE DRIVE	ORLANDO FL 32838
MGR	ESTRADA, ERIK M	8305 LAKE SERENE DRIVE	ORLANDO FL 32836
MGR	MILLER, DANIEL	8305 LAKE SERENE DRIVE	ORLANDO FL 32838

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

Erik M Estrada

Date 11-20-02

Daytime Phone #

407-822-4434

Typed or printed name of signing Managing Member/Manager

Erik M Estrada