

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000007884

1. Limited Liability Company's Name

L000000007884 KALI FILMS, LLC

2. Principal Office Address

1590 Hickory Avenue

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

1590 Hickory Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

4. State/Country of Formation

Florida, Leon Co, USA

5. Date Organized or Qualified
To Do Business in Florida

July 5, 2000

6. FEI Number

59-3656360

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Elise F. Judelle

500004650005-9

-10/23/01--01037--080

****150.00 ****150.00

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

1590 Hickory Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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 10/16/2001

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
<u>MGRM DR</u>	<u>Jesse L. Judelle</u>	<u>1590 Hickory Ave</u>	<u>Tallahassee, FL 32303</u>
<u>MGRM MS</u>	<u>Elise F. Judelle</u>	<u>1590 Hickory Ave</u>	<u>Tallahassee, FL 32303</u>

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 10/16/01

Daytime Phone # 850-222-8611

Typed or printed name of signing Managing Member/Manager

Elise F. Judelle

CR2ED41 (9/01)