

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

NOV 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009293

1. Limited Liability Company's Name

1st SUB, LLC

2. Principal Office Address

2746 WOODRUFF DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32037

Country

USA

3. Mailing Office Address

500 FIFTH AVENUE

Suite, Apt. #, etc.

3000

City & State

NEW YORK, NY

Zip

10110

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

8/3/2000

6. FEI Number

13-4131725

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$30.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LANCE BRASS

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

2746 WOODRUFF DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32037

000004695060-6

-11/27/01-01045-028

****150.00 ****150.00

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**

REGISTERED AGENT MUST SIGN

Date 11-5-01

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
MEMBER	JAMES LANCE BRASS	8737 WHITE IBIS CT.	ORLANDO, FL 32036
MEMBER	CHRISTOPHER KIRKPATRICK	7600 UNIVERSAL BLVD, #500	ORLANDO, FL 32019
MEMBER	JOSHUA CHASEZ	7600 UNIVERSAL BLVD, #500	ORLANDO, FL 32019
MEMBER	JUSTIN TIMBERLAKE	7600 UNIVERSAL BLVD, #500	ORLANDO, FL 32019
MEMBER	JOSEPH FATONE	2746 WOODRUFF DRIVE	ORLANDO FL 32037

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 11-5-01

Daytime Phone 212 921 4040

Typed or printed name of signing Managing Member/Manager