COOPERALOS CION DEFOR DOMPLEANG THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP : 2 PN 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

alintama

DOCUMENT #	60000	127	122
		10	

1. Limited Liability Company's Name

Morre Entertainment, LLC

2. Principal Office Address 3. Mailing Office Address					
4100 W.	Kennedy Blvd.	P.O. Box 898		4. State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Florida/USA		
				5. Date Organized or Qualified To Do Business In Florida 11/2000	
City & State		City & State			
T 121		Odessa, F.	lorida	6. FEI Number	Applied For
Tampa, Fl				65-1074884	Not Applicable
^{Zip} 33626	USA	^{Zlp} 33556	Country USA	7. CERTIFICATE OF STATUS DESIDED 7	Additional Fee required a Certificate of Status

8. Name and Address of C	urrent Registered Agent	
Name		
Eric S. Canonico	409023234304	
Street Address (P.O. Box Number is Not Acceptable)	09/22/0301037002 **290.1	ΩΩ
4100 W. Kennedy Blvd.		run.
Suite, Apt. #, Etc.	400023234304	
	<u>09/22/0301037003</u> **5. 0 0	
City	State Zip Code	
Tampa	FL 33626	

Registered	Agent	D AGENT MUST SIGN	Date 1 10 2003				
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				
MGMR	Eric S. Canonico	4100 W. Kennedy Blvd.	Tampa, Florida 33626				
		THE STATE OF THE S	F 12-03				
		FERSTATEMEN	A. C				
			cus				

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.

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 of

Date 9/10/2007 Daytime Phone # 813 926.7956 xt

Typed or printed name of signing Managing Member/Manager <u>Eric S. Canonico</u>