

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 11 AM 9:47

DOCUMENT # L00000015248

1. Limited Liability Company's Name

Suede Productions, LLC.

2. Principal Office Address

3. Mailing Office Address

7491 N. Federal Hwy.

7491 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-5, #280

C-5, #280

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

Zip

Country

33487

USA

33487

USA

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600007808376--7

-09/17/02--01064--027

****205.00 ****205.00

9/11 2001-2002 CUS

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/6/2000

6. FEI Number

65106 0371

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

Christian EMINENTE

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

4324 S. Ocean Blvd

Suite, Apt. #, Etc.

APT D

City

Highland Beach

State

FL

Zip Code

33487

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

Chr Emt

Date

9/10/02

REGISTERED AGENT MUST SIGN

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
MAN. Member	Christian Eminente	4324 S. Ocean Blvd #D	Highland Beach FL 33487

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

Chr Emt

Date

9/10/02

Daytime Phone #

561-955-9589

Typed or printed name of signing Managing Member/Manager

Christian Eminente

CR2E041 (9/01)