

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -3 AM 9:44

DOCUMENT # L00000016242

1. Limited Liability Company's Name

PRUPH ENTERTAINMENT LLC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02/03/03--01085--009 \*\*100.00

2. Principal Office Address

7105 CUMBERLAND PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33617

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 12/28/2001

6. FEI Number

59-3690975

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

LORENZO A. RODRIGUES

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

5211 NORTH 39TH STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

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

*Lorenzo A. Rodrigues*  
REGISTERED AGENT MUST SIGN

Date

4/16/04 1/27/03

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
Mbr/Mg	Omar Phipps	1701 Albemarle Rd. Ste. F4	Brooklyn, NY 11226
Mbr/Mg	Jose Scott	1701 Albemarle Rd. Ste. F4	Brooklyn, NY 11226
Mbr/Mg	Christopher Rodrigues	7105 Cumberland Place	Tampa, Florida 33617
Mbr/Mg	Lorenzo A. Rodrigues	5211 North 39th Street	Tampa, Florida 33610

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

*Lorenzo A. Rodrigues*  
Lorenzo A. Rodrigues

Date

1/16/2003

Daytime Phone #

813-237-5182

Typed or printed name of signing Managing Member/Manager

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PRUPH ENTERTAINMENT LLC.

7105 Cumberland Place  
Tampa, Florida 33617  
Phone: 813-237-5182  
Fax: 813-231-2045  
[Lorenzo.Rodriguez@pruphent.com](mailto:Lorenzo.Rodriguez@pruphent.com)

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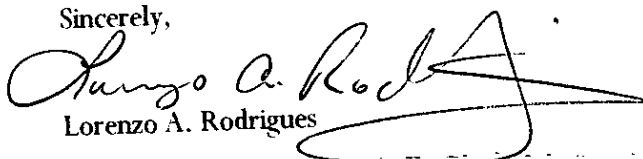
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 27, 2003

To whom it may concern,

I have spoken with a representative from your office about the reinstatement of our corporation. They quoted me at a price of \$100.00, on the basis of the non-receipt of our UBR. For what unknown reason of the non-receipt of the Uniform Business Report, I do not know. If this was a quote of insufficient funds please alert me via email at the provided address to correct the problem.

Sincerely,

  
Lorenzo A. Rodriguez