

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

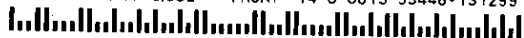
02 OCT 31 AM 10:04

1. DOCUMENT # L01000001019

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004524 01 FP 0.352 \*\*PRSR T4 0 0615 33446-131299



LONG DRIVE PRODUCTIONS, LLC  
6600 SOUTH ORIOLE BLVD.

#H206

DELRAY BEACH FL 33446-1312



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/19/2001

Principal Place of Business

6600 SOUTH ORIOLE BLVD.  
#H206  
DELRAY BEACH FL 33446

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1069259

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

~~BLAIR, LAURENCE + ESQ.~~  
2021 TYLER STREET  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

ELIZABETH A. DUNN

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

C/O DASZKA BOLTON CPA'S

2401 N.W. BOCA RATON BLVD.

City

BOCA RATON

FL

Zip Code

33431

10. 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

*Elizabeth A. Dunn*  
REGISTERED AGENT MUST SIGN

Date 10/24/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOHANSSON, VIKTOR	6600 SOUTH ORIOLE BLVD.	DELRAY BEACH FL 33446

200008718382  
10/31/02--01014--016 \*\*150.00

REINSTATEMENT 2002

*al*

12. 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

*Viktor Johansson*

Date

10/24/02

Daytime Phone #

561-266-9182

Typed or printed name of signing Managing Member/Manager