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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000001599

APPLICATION FOR REINSTATEMENT

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

FILED
03 JAN 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001599

Name and Mailing Address

0006549 01 FP 0.352 **PRSRT T0 0 0615 33647-243446

SAWTOOTH ENTERTAINMENT LLC
19046 BRUCE B. DOWNS BLVD., #176
TAMPA FL 33647-2434

CR2E084 (8/02)

2. New Mailing Address
5373 EHRLICH RD #156
City, State, Zip
TAMPA, FL. 33625

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
01/29/2001

Principal Place of Business
19046 BRUCE B. DOWNS BLVD., #176
TAMPA FL 33647

3. New Principal Place of Business Address
5373 Ehrlich Rd #156
City, State, Zip
TAMPA, FL. 33625

6. FEI Number
31-1749698
☐ 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

MOORMAN, EILEEN
19046 BRUCE B. DOWNS BLVD., #176
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name: Jamus Tianti
Street Address (P.O. Box Number is Not Acceptable): 5373 EHRLICH RD #156
City: TAMPA FL Zip Code: 33625

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 _____ Date 1/09/03

REGISTERED AGENT MUST SIGN

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
MBR	Jamus Tianti	5373 EHRLICH RD #156	TAMPA, FL. 33625
			900010674889 01/23/03--01072--010 **225.00
			REINSTATEMENT 0203 dcc

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 _____ Date 1/09/03 Daytime Phone # (813) 235-6868