

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 23 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 201000001869

1. Limited Liability Company's Name

EAST COAST Splicing L.L.C.

CR2E041 (8/05)

2. Principal Office Address

5631 CR 352

Suite, Apt. #, etc.

3. Mailing Office Address

5631 C.R. 352

Suite, Apt. #, etc.

City & State

KEYSTONE HTS. FL

Zip

32656

Country

USA

City & State

KEYSTONE HTS. FL

Zip

32656

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

593694840

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

CRAIG M. WHEATON

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

5631 COUNTY ROAD 352

Suite, Apt. #, Etc.

City

KEYSTONE HTS.

State

FL

Zip Code

32656

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/23/06

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
<u>MR</u>	<u>CRAIG WHEATON</u>	<u>5631 CR 352</u>	<u>KEYSTONE HTS. FL 32656</u>

REINSTATEMENT 2002-06

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]

Date

5/23/06

Daytime Phone #


352 473-2117

Typed or printed name of signing Managing Member/Manager

5/23/06

To whom it may concern:

We did not receive the
annual report information for
the year 2002.

 5/23/06