

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
J. Milton
Secretary of State
DIVISION OF CORPORATION

AND
FILED

03 FEB -4 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006944

Name and Mailing Address

0003420 01 FP 0.352 **PRSR T1 0 0615 33317-214501



WILL BROTHERS ENTERTAINMENT LLC
4301 N.W 6TH COURT
PLANTATION 33317-2145

300009910073
01/07/03--01030--007 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4301 N.W 6TH COURT PLANTATION 33317		5. Date Organized or Qualified To Do Business in Florida 05/03/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BRUNA, WILKENS 4301 N.W 6TH COURT PLANTATION FL 33317		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300009910073 02/04/03--01077--004 **50.00 City FL Zip Code	
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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

Will Wilkenson
REGISTERED AGENT MUST SIGN

Date 12/21/02

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
MGR	BRUNA, WILKENS	4301 N.W 6TH COURT	PLANTATION FL 33317
MGRM	BRUNA, BILLY	4301 N.W 6TH COURT	PLANTATION FL 33317

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

Will Wilkenson

Date

12/21/02

Daytime Phone #

(954) 274-2001

CR2E084 (8/02)