

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01 00000 8081**

1. Limited Liability Company's Name

ARCHANGEL FILMS, LLC

2. Principal Office Address

3633 Poinciana Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

3633 Poinciana Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

May 21, 2001

6. FEI Number

65-1109899

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

Dr. William S. Russell

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

3633 POINCIANA AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

W Russell

Date

10/15/04

REGISTERED AGENT MUST SIGN

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
MGR	WILLIAM S. RUSSELL	3633 Poinciana Ave	Miami / FL / 33133

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

W Russell

Date

10/15/04

Daytime Phone #

305 445 9977

Typed or printed name of signing Managing Member/Manager

Dr. William S. Russell

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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