

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV -3 PM 1:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009164

1. Limited Liability Company's Name

Hedonism Entertainment LLC

2. Principal Office Address

1100 S.W. 12th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

1100 S.W. 12th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/7/2001

6. FEI Number

X

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

Richard Nicolo

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

1100 S.W. 12th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

x Richard Nicolo

Date October 20, 2004

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
MGRM	Richard Nicolo	1100 S.W. 12th Avenue	Pompano Beach, FL 33069

REINSTATEMENT

2003-04

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

x Richard Nicolo

Date 10/20/04

Daytime Phone# (954) 334-1000

Typed or printed name of signing Managing Member/Manager Richard Nicolo, MGRM

CR2ED41 (10/02)