

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000013611

Name and Mailing Address

02 DEC 10 PM 4:03

12/10

0009976 01 FP 0.352 **PRST H5 0 0615 33184-202971

8PM ENTERTAINMENT CONSULTANTS, LLC
1271 SW 131 PLACE CIRCLE WEST
MIAMI FL 33184-2029



REINSTATEMENT

2002

CR2E084 (8/02)

2. New Mailing Address <i>Same as Above</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/15/2001	
Principal Place of Business 1271 SW 131 PLACE CIRCLE WEST MIAMI FL 33184	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1134122	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent LANCASTER, KENNETH G 5975 SUNSET DRIVE SUITE 301 703 S. MIAMI FL 33143		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* Date

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
MGRM	WASSALL, ROSANA	120 LA POLOMA RD	KEY LARGO FL 33037
CEO	Manuel Mora	13540 SW 108 Street	Miami, FL 33186
		500008963455 11/13/02--01039--023 **155.00	
		2002	

REINSTATEMENT

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 *[Signature]* Date 11/05/02 Daytime Phone # (305) 525-1999