| | OLEASE. | PAID. | | SBEP 20 | THIS FORM |
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LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED 2002 NOV 26 AM 10: 14

DIVISION OF CORPORATIONS

| DOCUMENT # LO/0000/5246 1. Vimited Liability Company's Name | | | | | | | TALLAHASSEE, FLORIDA | | | | |
|--|--|-------------------------------|--------------------------|---|------------------------|-------------------------|----------------------------|---|---|--------------|--|
| . 1 | | TAR ENTERT | AINME | NT, | LLC | | | | | | |
| | | | | | | 1, | 500 | ĮO, | 09228365_ | | |
| 2. Principal Office Address 3. Mailing Office Add | | | | | ice Address | | | 500009228365 11/26/0201079006 **175.00 | | | |
| 3495-B North Hiatus Road 3495-B | | | | Ne H | Histor Page | 4. Stat | te/Country o | f Forn | mation | | |
| | | | Suite, Apt. # | | | | Florida | | | | |
| | | | | | | 5. Date | e Organized Do Business | or Qu | ualified | | |
| City & State | City & State City & State | | | | | | | s in Fi | orida 9/04/01 | | |
| الد الم | | | Summer | unrise, FL - | | | Number | | | olied For | |
| Zip | 13E) 1 | Country | Zip | 2,12 | Country | | - 1137 | 117 | Not | Applicable | |
| 3335 | 7 | | 3335) | , | | 7. ŒRI | FICATE OF | STAT | S DESRED \$5.00 Additional for a Certificate | Fee required | |
| | (| | | | l | Paristrum I A | | | Tor a Certificati | e or status | |
| | Name # | Arthur Unge | | Name and A | adress of Current | Registered Agent | | | · | ٠, | |
| | , | Tallah, Furma | L & C | almortic | W. PA. | | | | | | |
| | Street Addr | ress (P.O. Box Number is N | ot Acceptable) | '. | / | | | | - | | |
| | 2 7 | 00/ Brick | 2// <u>Ba</u> | y Dr | ive | | | | | | |
| | Suite, Apt. | #, etc. Suite 1400 | , | | | | | | | | |
| | City | SUITE 1400 | | | | | | -1- | 7:- 0-4- | | |
| | | Miami | | | | | | ate L | Zip Code 33/3/- :4938 | | |
| 9. i. being a | | registered agent of the abo | ve named limite | d liability co | mnany am familiar | with and account the | | | | į į | |
| | | | ve named simile | - inapility col | прапу, аптапшаг | with and accept the | opiigations (| | , , | ğ | |
| Signature of Registered A | | 1/1/01/ | | | | | |)ate | 11/07/02_ | 25 | |
| | | | GISTERED AG | ENT MUST | SIGN | | • | -a.c _ | · | [5 | |
| 10. Names | s and Street A | ddresses of Managing Men | bers/Managers | | | , | | | | *** | |
| Titles | Titles Name of Managing Members/Managers | | | Street Address of Each Managing Member/Manager | | | | _ | City / State / Zip | | |
| MGRM | GRM Howard Flamm | | | 3495-B North Hiatus Road | | | ad 5 | Sunvise, FL 3835/ | | | |
| | C-ta | | | | | | | | | | |
| MAKW | MGRM Steven Chase | | 3495-B North Hiatus Road | | | d S | Uni | rse, FL 3335/ | | | |
| | | | | | | | | | | | |
| | | | | | | | | | ··· | | |
| | | | : | | Pro pro s | র হা, র কোসক্রেল ্ল, কর | PER 1 . T | را دھا <i>ت</i> | मुस्तुव्य "" | | |
| | Fig. 19 St. 19 S | | | | | | SVI | | 2002 | | |
| | | | | | | | | _ | | ŀ | |
| | | | | | | | | | | | |
| 11. I certify: | that I am man | aging member/manager or | the receiver or | trustee emo | owered to avacute t | this application as +: | rouidod (== : | ار م | upter 608, F.S. I further certify tha | | |
| ming and | | it application are reason for | นเรรงเดนเอก กลร เ | xeen elimina | ten ine limiten lianii | IIIV COMPANY NAMA E | aticfiec the c | raariire | opter 608, F.S. I further certify that ements of section 608.406, F.S., a signature shall have the same leg | 4 & 4 | |
| as if ma | ide under oath | · ~ | | acomiation | mulcated on this app | piication is true and a | ocurate, an | u my s | signature shall have the same leg | al effect | |
| Signature of | mbos/Moss | Hone 5 | | | | 11-15- | /s | | 921/-74/-0 | 1111 | |

Date // - /3 - 02 Daytime Phone # 254-746-8646

Typed or printed name of signing Managing Member/Manager Howard Flamm