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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — DIVISION OF CORPORATIONS

L01 000016992

FILED
02 NOV -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016992

Name and Mailing Address

0009977 01 FP 0.352 **PRSRT H5 0 0615 33185-543257

DOLPHIN AMUSEMENT ENTERPRISES, L.L.C.
3957 SW 156TH COURT
MIAMI FL 33185-5432

CR2E084 (8/02)

2. New Mailing Address
7725 NW 146 St.
City, State, Zip
MIAMI LAKES, FL 33016

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
10/03/2001

Principal Place of Business
3957 SW 156TH COURT
MIAMI FL 33185

3. New Principal Place of Business Address
7725 NW 146 St.
City, State, Zip
MIAMI LAKES, FL 33016

6. FEI Number ✓ 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

BRODIE, SIDNEY Z
7270 NW 12TH STREET
PH-I
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name: Sidney Z. Brodie
Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12 ST PH-1
City: Miami FL Zip Code: 33126

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 _____ Date 10/24/02

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	RODRIGUEZ, ROLANDO	3957 SW 156TH COURT	MIAMI FL 33185
MGRM	RODRIGUEZ, ROLANDO J	3957 SW 156TH COURT	MIAMI FL 33185
MGRM	RODRIGUEZ, JORGE	3957 SW 156TH COURT	MIAMI FL 33185

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11/06/02--01090--003 **150.00

REINSTATEMENT 02 dcc

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 _____ Date 10/31/02 Daytime Phone # 305 477-1155

Typed or printed name of signing Managing Member/Manager _____