


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--	--

FILED

2005 APR 21 PM 3:37

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Granite Springs Productions, LLC

Document # L01000018156

2. Principal Office Address

4515 George Road

Suite, Apt. #, etc.

Suite 320

City & State

Tampa, FL

Zip

33634

Country

USA

3. Mailing Office Address

4515 George Road

Suite, Apt. #, etc.

Suite 320

City & State

Tampa, FL

Zip

33634

Country

USA

4. State/Country of Formation

U.S.

5. Date Organized or Qualified  
To Do Business in Florida

10/22/2001

6. FEI Number

593746288

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

Carole Eisenstaedt

000054349980

05/13/05--01004--012 \*\*250 00

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

4515 George Road Suite 320

Suite, Apt. #, Etc.

Suite 320

City

Tampa

State

FL

Zip Code

33634

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

Carole Eisenstaedt

Date 4/19/05

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 MGRM	Mr. Robert W. Eisenstaedt	4515 George Road Suite 320	Tampa, FL 33634
	Mrs. Carole Eisenstaedt	4515 George Road Suite 320	Tampa, FL 33634

**REINSTATEMENT** 2003-05

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

Carole Eisenstaedt

Date 4/19/05

Daytime Phone # (813) 249-2550

Typed or printed name of signing Managing Member/Manager

Carole Eisenstaedt

CR2004 (10/02)