

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

Aug 25, 2003 8:00 A.M.
Secretary of State

1. DOCUMENT # L01000019058

Name and Mailing Address

0000615 01 FP 0.352 **PRSRT T2 0 0615 32789-235825



THE ORPHEUM GROUP, LLC
2180 PARK AVENUE NORTH, SUITE 100
WINTER PARK FL 32789-2358



REINSTATEMENT 2002-2503

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/01/2001	
6. FEE Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent GOLDSMITH, KAREN L 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK FL 32789		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Karen L. Goldsmith</u> Date: <u>8-15-03</u> 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
Pres	Jonathan S. GROUT MGR	2180 PARK AVE N SUITE 100	WINTER PARK FL 32789
VP/Secy	Karen L. GOLDSMITH MGR	2180 PARK AVE N SUITE 100	WINTER PARK FL 32789
		600017848956 05/01/03--01091--011 **50.00	
		600017848956 07/28/03--01065--001 **50.00	
		2002-2003	
		REINSTATEMENT	
		2002-03	

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

Karen L. Goldsmith

Date

4-10-03

Daytime Phone #

(407) 240-0144

Typed or printed name of signing Managing Member/Manager

KAREN L. GOLDSMITH

CR2E084 (8/02)