

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

L01000022160

FILED

1. DOCUMENT # L01000022160

Name and Mailing Address

0005845 01 FP 0.352 **PRSRT T8 O 0615 34231-435315



SQUARE GROUPE PRODUCTIONS, L.L.C.
4915 SOUTH TAMIAMI TRAIL
SARASOTA FL 34231-4353

02 OCT 29 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

4915 SOUTH TAMIAMI TRAIL
SARASOTA FL 34231

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/20/2001

6. FEI Number

59-3761345

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

ANDREW GUENTHER

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

4915 S. TAMIAMI TR.

City

SARASOTA

FL

Zip Code

34231

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

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
MGR	GOLDSSTEIN, CARL A	4915 SOUTH TAMIAMI TRAIL	SARASOTA FL 34231
MGR	GUENTHER, ANDREW J	4915 SOUTH TAMIAMI TRAIL	SARASOTA FL 34231
800008670798 10/29/02--01099--006 **155.00			
REINSTATEMENT 2002			
32			

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

10/22/02

Daytime Phone #

941-915-8078

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)