

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:52

DOCUMENT # L0200000 1793

1. Limited Liability Company's Name

Cool Ray Productions L.L.C.

2. Principal Office Address

2629 White Sands Drive
Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

3. Mailing Office Address

2629 Whitesands Drive
Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

1/24/2002

6. FEI Number

None

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

~~Agents And Copartners, Inc.~~ Robert Messing

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

~~773 4th Ave. North~~ 2629 White Sands Drive

Suite, Apt. #, Etc.

~~Suite~~ Sarasota, FL 34231

City

Sarasota Florida

State

FL

Zip Code

34231

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

Robert Messing

Date

7/7/05

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
MEM	Robert Messing	2629 White Sands Drive	Sarasota, FL 34231
MEM	Matthew Messing	2629 White Sands Drive	Sarasota, FL 34231

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REINSTATEMENT 03-05

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

Robert Messing

Date

7/7/05

Daytime Phone #

941.400.7408

Typed or printed name of signing Managing Member/Manager

Robert Messing