

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000003141

1. Limited Liability Company's Name

SHINE DOWN, LLC

2. Principal Office Address - No P.O. Box #

16000 Ventura Blvd.

Suite, Apt. #, etc.

Ste. 600

City & State

Encino, CA

Zip

91436

Country

USA

3. Mailing Office Address

16000 Ventura Blvd.

Suite, Apt. #, etc.

Ste. 600

City & State

Encino, CA

Zip

91436

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/08/2002

6. FEL Number

731639241

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

National Corporate Research, Ltd., Inc.

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

515 E. Park Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/14/07

10. Names and Street Addresses of Managing Members/Managers

900094464453

03/22/07--01009--034 **130.00

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Brent Smith	16000 Ventura Blvd., Ste. 600	Encino, CA 91436
MGRM	Jason Todd	16000 Ventura Blvd., Ste. 600	Encino, CA 91436
MGRM	Barry Kerch	16000 Ventura Blvd., Ste. 600	Encino, CA 91436

REINSTATEMENT 2005-2007

900094464453

03/22/07--01009--034 **25.00

11. I certify that I am managing member/manager of 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

[Signature]

Date 3/1/07

Daytime Phone# 818-385-1933

Typed or printed name of signing Managing Member/Manager Brent Smith, Managing Member