


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR 25 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000005766

1. Limited Liability Company's Name

**HMS2 ENTERTAINMENT, LLC**

<b>2. Principal Office Address - No P.O. Box #</b> 501 SONATA CT		<b>3. Mailing Office Address</b> 501 SONATA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER SPRINGS, FL		City & State WINTER SPRINGS, FL	
Zip 32708	Country USA	Zip 32708	Country USA

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/08/2002	
<b>6. FEI Number</b> 04-3623993	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

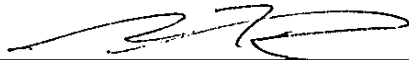
**8. Name and Address of Current Registered Agent**

Name <b>SHANE RYDER</b>		
Street Address (P.O. Box Number is Not Acceptable) 501 SONATA CT		
Suite, Apt. #, Etc.		
City WINTER SPRINGS	State FL	Zip Code 32708

☒ 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



Date 4/17/07

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

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05/09/07--01008-017-00000000

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SHANE RYDER	501 SONATA CT	WINTER SPRINGS, FL 32708
MGRM	MICHAEL SOMBECK	3006 LEE SHORE LOOP	ORLANDO, FL 32820

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



Date 04/17/07

Daytime Phone # 407-677-8734

Typed or printed name of signing Managing Member/Manager **SHANE RYDER**