LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L02000012784

1. Limited Liability Company's Name

Typed or printed name of signing Managing Member/Manager HYATT M. FRIED

ALIVE PRODUCTIONS, LLC

•	al Office Address	3. Malling Office Address								
1384 CAMELLIA CIRCLE		SAME			4. State/Country of Formation					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			FL'ORIDA/USA					
PENI	HOUSE SUITE				5. Date Organized or Qualified To Do Business in Florida MAY 24, 2002					
City & State		City & State			6 FEI Numb	ner			olied For	
WESTON, FLORIDA					6. FEI Number 41-2078332 Applied For Not Applicable					
^{Zip} 33326	Country USA	Zip	Country	f	7. CERTIFICAT	TE OF STATU		Additional a Certificate	Fee required e of Status	
		8. Name	and Address of Current R	legistere			ون رسان رسان رسان رسان	يحسر في ا		
	Name HYATT M. FRIED, ESQ.					10/10/0301013012 **150 08				
	Street Address (P.O. Box Number is Not Acceptable) 1384 CAMELLIA CIRCLE									
	Suite, Apt. #, Etc. PENTHOUSE SUITE									
	City WESTON					State	Zip Code 33326			
9. I being	appointed the registered agent of the abo	ove named limited liabil	lity company, am ramillar w	ith and ac	cept the obliga	ations of Ch	apter 608, F.S.			
Signature of Registered Agent Date 10-07-03 REGISTERED AGENT MUST SIGN								i		
			8001 GIGH -							
10. Name	es and Street Addresses of Managing Me	mbers/Managers				Т			-	
Titles	Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Manager			City / State / Zip				
MGRM	SEAN J. DONEGAN	260	2600 ISLAND BLVD., 1901			AVENTURA, FLORIDA 33160				
MGRM	HYATT M. FRIED	138	1384 CAMELLIA CIRLCLE, PH			WESTON, FLORIDA 33326				
			Fm (70)	र्गा च <i>ि</i> न	ज्युत्व हु र् स्ट्रुक्त ह	F 53.52 579		: \$.		
-								tal		
as it m	y that I am managing member/manager on its reinstatement application the reason to sowed by the limited liability company have addedunder oath.	or the receiver or truster dissolution has been e been paid. The inform	ee empowered to execute the eliminated, the limited liability appropriate on this appropriate appropriate the elimination indicated on this appropriate the elimination indicated on the elimination						at when and that gal effect	
Signature of Managing N	Member/Mapager	MUVI	Date	,	7-03	Daytime Ph	954-923-2	000	<u> </u>	