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FILED

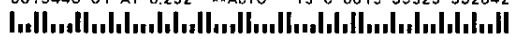
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L020000014096

Name and Mailing Address

0013440 01 AT 0.292 **AUTO T9 0 0615 33523-332642



DADE CITY PRODUCTIONS, LLC

14342 15TH STREET

DADE CITY FL 33523-3326



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/07/2002	
Principal Place of Business 14342 15TH STREET DADE CITY FL 33523	3. New Principal Place of Business Address	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ABNER, ORIN J 14342 15TH STREET DADE CITY FL 33523		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		800027916248 01/30/04--01016--015 **200.00	
		City	Zip Code FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date NOV. 13, 2003

REGISTERED AGENT MUST SIGN

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	ABNER, ORIN J	14342 15TH STREET	DADE CITY FL 33523

REINSTATEMENT

03/04/2011

OK

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/Manage

ORIGINAL REQUIRED

Date Nov 13 2003

Daytime Phone # 813-994-9145

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)