

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenda J. Hood
Secretary of State
DIVISION OF CORPORATION

FILED

03 DEC -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016660

Name and Mailing Address

0008369 01 AT 0.292 **AUTO T1 0 0615 33311-222165



RADICAL ENTERTAINMENT, LLC
1165 NW 30TH ST.
WILTON MANORS FL 33311-2221



2. New Mailing Address

City, State, Zip

Principal Place of Business

1165 NW 30TH ST.
WILTON MANORS FL 33311

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/02/2002

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

HANER, JOHN E
1165 NW 30TH ST.
WILTON MANORS FL 33311

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

John E. Haner
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/18/03

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	HANER, JOHN E	1165 NW 30TH ST.	WILTON MANORS FL 33311

400025086754
12/01/03--01011--016 **150.00

REINSTATEMENT 2003

11/18/03

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/Manager

John E. Haner
SIGNATURE REQUIRED

Date 11/18/03

Daytime Phone # 954-564-7533

Typed or printed name of signing Managing Member/Manager

JOHN E HANER