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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000018118

1. DOCUMENT # L02000018118

Name and Mailing Address

0008824 01 AT 0.292 **AUTO T2 0 0615 33326-276240

PREMIER EVENT PRODUCTIONS LTD. CO.

1640 HARBOURSIDE DRIVE

WESTON FL 33326-2762

03 DEC 29 PM 1:27

WR 1/7/04



REINSTATEMENT 2003

2. New Mailing Address <i>same</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/17/2002	
Principal Place of Business 1640 HARBOURSIDE DRIVE WESTON FL 33326	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 731 6515 49	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BAUMEIGE, YVAN 1640 HARBOURSIDE DRIVE WESTON FL 33326		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* **SIGNATURE REQUIRED** Date *12-19-03*

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
Pres	Yvan Baumeige	1640 Harbourside	Weston FL 33326

300025819473
12/29/03--01058--005 **150.00

REINSTATEMENT 2003

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 *[Signature]* **SIGNATURE REQUIRED** Date *12-19-03* Daytime Phone # *954-234-2365*

Typed or printed name of signing Managing Member/Manager *Yvan Baumeige*

CR2E084 (7/03)