

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 17 AM 9:24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018415

Name and Mailing Address

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WILD CARD ENTERTAINMENT, LLC

2780 W. 62ST.

SUITE 107

MIAMI FL 33016-5937



2. New Mailing Address <b>7942 NW 200 TERRACE</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>MIAMI, FL 33015</b>		5. Date Organized or Qualified To Do Business in Florida <b>07/22/2002</b>	
Principal Place of Business <b>830 E. 1 AVE. MIAMI FL 33010</b>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <b>47-0880362</b>	Applied For  Not Applicable
8. Name and Address of Current Registered Agent  <b>BRAYAN, RAMON A 2780 W. 62 ST. SUITE 107 MIAMI FL 33016</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <b>RAMON A. BRAYAN</b> Street Address (P.O. Box Number is Not Accepted) <b>7942 NW 200 TERRACE</b> City <b>MIAMI</b> FL <b>33015</b>			
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 <b>[Signature]</b> <b>NOT REQUIRED</b> Date <b>11/14/03</b> 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	PEREZ, RAFAEL L	65 OLIVE DR.	MIAMI FL 33010
MGR	BRAYAN, RAMON S	<del>2780 W. 62 ST.</del> <b>7942 NW 200 TERRACE</b>	<del>MIAMI FL 33016</del> <b>33015</b>
700024759897 11/17/03--01089--005 **150.00			
<b>REINSTATEMENT 2003</b>			

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]** **NOT REQUIRED**

Date **11/14/03**

Daytime Phone # **305-376-2630**

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)