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 SECRETARY OF STATE DIVISION OF CORPORATIONS

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1. DOCUMENT # L02000020166

Name and Mailing Address

0006303 01 AT 0.292 **AUTO T5 0 0615 33141-282925 NOTB PRODUCTIONS L.L.C. 1255 MARSEILLES DRIVE #125 + 126 MIAMI BEACH FL 33141-2829

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Miam Beach, FL 33 141 To Do Business in Florida DR/07/2002 DR/07							
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1255 MARSEILLES DRIVE #125 1255 MARSEILLE DR, #126 1255 MARSEILLE STATUS DESIRED 1255 MARSEILLES DRIVE #125 1256 MARSEILLE	City, State, Zip					08/07/2002	
City, State, 2p Maria Read, FL 33141 7. CERTIFICATE OF STATUS DESIRED SEX DO Additional For equity read address of Current Registered Agent 9. Name and Address of New Registered Agent SEXTON, DAVID 1255 MARSEILLES DRIVE #125 #126 MIAMI BEACH FL 33141 1. Name appointed per-registered agent of the above name (mitted liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Must sign 1. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Manager Name	Principal Place	te of Business 5 MARSEILLES DRIVE #125				Applied For Not Applicable	
S. Name and Address of New Registered Agent SEXTON, DAVID 1255 MARSEILLES DRIVE: #125 MIAMI BEACH FL 33141 Date SEXTON, DAVID 1255 MARSEILLES DRIVE: #125 MIAMI BEACH FL 33141 Date SEXTON DRIVE: #125 REGISTERED AGENT MUST SIGN 1. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Managing Member/Manager Date SEXTON DAVID 1255 MARSEILLE DR, #126 MIAMI-BEACH FL-99141 DATE SEXTON DAVID 2. Levrity that Lam managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, FS. I Number 16/109 this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. Theyloramatical, the limited liability company have been paid. Theyloramation and accurate, and my signature of and have the same legal effect with a finded under oath. Date M. 22 03 Date M. 22 03 Dayline Phone # 531 - 30555 Date M. 22 03 Dayline Phone # 531 - 30555	MiAi	Ci	ty, State, Zip	7.	S5.0		
SEXTON, DAVID 1255 MARSEILLES DRIVE #125 #126 MIAM! BEACH FL 33141 Sexton Beach FL 33f4 Sexton Beach FL 33f4 O. I, being appointed the resistered agent of the above name (mited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Bignature of Registered Agent Registered Address of Each Managing Member/Manager Street Address of Each Managing Member/Manager City / State / Zip					Name and Address of New Registered Agent		
1. I, being appointed the registered agent of the above name white diability company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of legistered Agent Screen Agent Must sign Date Nov. 2, 2003 REGISTERED AGENT MUST Sign Date Nov. 2, 2003 REGISTERED AGENT MUST Sign Screen Address of Each Managing Member/Manager Titlo(s) Name of Managing Member/Managers Street Address of Each Managing Member/Managers City / State / Zip Managing Member/Managers Screen Address of Each Managing Member/Manager City / State / Zip Managing Member/Managers Screen Address of Each Managing Member/Manager City / State / Zip Managing Member/Manager Screen Address of Each Managing Member/Manager City / State / Zip Managing Member/Manager Screen Address of Each Managing Member/Manager City / State / Zip Managing Member/Manager Managing Member/Manager City / State / Zip Managing Member/Manager Managing Member/Manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. Author Cathy 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 formation indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under cath. Sand David Control of the control of the part of the same legal effect as it made under cath. Sand David Control of the	SEXTON, DAVID 1255 MARSEILLES DRIVE #125 #126 Street Address NO. Box Number is No. Acceptable) #126						
REGISTERED AGENT MUST SIGN 1. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Name of Managing Member/Managers Name of Managing Member/Managers Name of Managing Managing Managing Member/Manager Name of Managing Managing Managing Member/Manager Negretary Name of Managing Managing Managing Managing Member/Manager Negretary Negretary	Miami Beach FL 33141						
Title (s) Name of Managing Members/Managers Street Address of Each Managing Member/Manager Street Address of Each Managing Member/Manager Street Address of Each Managing Member/Manager City / State / Zip MARSTITES-BRIVE-F426 Minami BeAch, FL 33-141 255 Marse ille DR, #26 Minami BeAch, FL 33-141 26 Minami BeAch, FL 33-141 27 Marse ille DR, #26 Minami BeAch, FL 33-141 27 Minami BeAch, FL 33-141 28 Minami BeAch, FL 33-141 28 Minami BeAch, FL 33-141 29 Minami BeAch, FL 33-141 20 Minami BeAch, FL 33-141 20 Minami BeAch, FL 33-141 20 Minami BeAch, FL 33-141 27 Minami BeAch, FL 33-141 28 Minami BeAch, FL 33-141 28 Minami BeAch, FL 33-141 28 Minami BeAch, FL 33-141 29 Minami BeAch, FL 33-141 20 Minami BeA	Signature of	gent X GNA	CUSTONIRE		_	, 2003	
Managing Member/Managers Managing Member/Manager Minami Beach, FL Minami Beach M	11. Names	and Street Addresses of Each Managing Men	nber/Manager		-		
2. 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 flees 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. 30.9 531 – 30.55 Daytime Phone # 531 – 30.55	Title(s)				City / State / Zip		
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Managing Member/Manage Date 1205 Daytime Phone # 051 0033	filing this all fees o	reinstatement application the reason for disso owed by the limited liability company have bee	olution has been eliminated, the li	mited liability company name satis on this application is true and acci	fies the requirements of section urate, and my signature shall ha	608.406, F.S., and that	
	Managing Me		ager DAVIN	Sexton	Daytime Phone # 3 3	, ,003	