

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

03 NOV 10 AM 10:52

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

900024529949
11/10/03--01009--008 **150.00



2. New Mailing Address 1255 MARSEILLE DR, #126 City, State, Zip MIAMI BEACH, FL 33141		4. State/Country of Formation FL	
Principal Place of Business 1255 MARSEILLES DRIVE #125-#126 MIAMI BEACH FL 33141 #126		5. Date Organized or Qualified To Do Business in Florida 08/07/2002	
3. New Principal Place of Business Address 1255 MARSEILLE DR, #126 City, State, Zip MIAMI BEACH, FL 33141		6. FEI Number 01-0739648 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent SEXTON, DAVID 1255 MARSEILLES DRIVE #125-#126 MIAMI BEACH FL 33141		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 SEXTON, DAVID Street Address (P.O. Box Number is Not Acceptable) 1255 MARSEILLE DR, #126 City MIAMI BEACH State FL Zip 33141			
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 X SIGNATURE REQUIRED Date Nov 2, 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	SEXTON, DAVID	1255 MARSEILLES DRIVE #125	MIAMI BEACH FL 33141
MGR	Sexton, David	1255 MARSEILLE DR, #126	MIAMI BEACH, FL 33141

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 **X** **SIGNATURE REQUIRED** Date **11/2/03** Daytime Phone # **(305) 531-3055**

Typed or printed name of signing Managing Member/Manager **DAVID Sexton**