

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000021029**

**1. Limited Liability Company's Name**

**METROPOLIS ENTERTAINMENT LLC**

**2. Principal Office Address**

**90 ALTON RD**

**3. Mailing Office Address**

**90 ALTON RD**

Suite, Apt. #, etc.

**SUITE 3002**

Suite, Apt. #, etc.

**SUITE 3002**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33109**

Country

**USA**

Zip

**33109**

Country

**USA**

**4. State/Country of Formation**

**FLORIDA-DADE COUNTY**

**5. Date Organized or Qualified  
To Do Business in Florida**

**08-16-2002**

**6. FEI Number**

☒ **Applied For**

☐ **Not Applicable**

**7. CERTIFICATE OF STATUS DESIRED ☐**

**\$5.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**FREDDY SIDI SR.**

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

Suite, Apt. #, Etc.

**90 ALTON RD SUITE 3002**

City

**MIAMI**

State  
**FL**

Zip Code  
**33109**

**9. 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

*Freddy Sidi*

REGISTERED AGENT MUST SIGN

Date **OCTOBER 15, 2004**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FREDDY SIDI SR.	90 ALTON RD SUITE 3002	MIAMI, FL 33109

**REINSTATEMENT 2003-2004**

**900042016709  
10/20/04--01046--004 \*\*100.00**

**11. 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

*Freddy Sidi*

Date **10-15-04**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

**FREDDY SIDI SR.**

**FILED**  
04 OCT 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

CR20041 (10/02)

L02 000021029

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

BK

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEARS 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Freddy Sidi  
FREDDY SIDI SR.  
MGM

FILED  
04 OCT 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA