

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:04

300.00
9-26-03

DOCUMENT # L02000023428

1. Limited Liability Company's Name

AIM II SHOOT PRODUCTIONS, LLC

CR2E041 (8/05)

2. Principal Office Address
1713 NORTHWEST 6TH AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

City & State

Zip
33311

Country
USA

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

9/9/2002

6. FEI Number

22-3870726

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

Sandra A. Betton

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

1713 Northwest 6th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33311

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

Sandra A. Betton

Date

3/31/2006

REGISTERED AGENT MUST SIGN

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	MIKEY ATELUS	1713 NORTHWEST 6TH AVENUE	FORT LAUDERDALE, FL 33311
			500075106185 05/23/06--01055--020 **305.00

REINSTATEMENT 03-06

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

Mikey Atelus

Date

3/31/2006

Daytime Phone # 754-224-7000-2

Typed or printed name of signing Managing Member/Manager

Mikey Atelus