

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

05 APR -4 AM 10:57

**DOCUMENT # L02000023784**

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

**PLAYTIME MULTIMEDIA LLC**

**2. Principal Office Address**

**1314 E. Las Olas Blvd**

Suite, Apt. #, etc.

**#1070**

City & State

**Fort Lauderdale, FL**

Zip

**33301**

Country

**USA**

**3. Mailing Office Address**

**1314 E. Las Olas Blvd**

Suite, Apt. #, etc.

**#1070**

City & State

**Fort Lauderdale, FL**

Zip

**33301**

Country

**USA**

**4. State/Country of Formation**

**Florida, USA**

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

**9/13/2002**

**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

**Michael Harris**

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

**1769 Harbor Pointe Circle**

Suite, Apt. #, Etc.

City

**Weston**

State  
**FL**

Zip Code  
**33327**

**REINSTATEMENT 03-05**

**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

REGISTERED AGENT MUST SIGN

Date **3/3/05**

**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
MGRM	Brad Bargman	1732 NW 126th Drive	Coral Springs, FL, 33071
MGRM	Michael Harris	1769 Harbor Pointe Circle	Weston, FL, 33327

800050750668  
04/14/05--01014--007 \*\*250.00

**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 608.408, 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

Date **3/3/05**

Daytime Phone # **954-579-2122**

Typed or printed name of signing Managing Member/Manager **Michael Harris**

CR2E041 (10/02)