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 OCT 31 AM 11:01

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CR2E041 (8/05)

DOCUMENT # L02000025402

1. Limited Liability Company's Name
PHUN STUDIOS LLC

2. Principal Office Address	3. Mailing Office Address
1111 SOUTH ST.	5119 THATABOY CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST, FL	City & State: LAS VEGAS NV
Zip: 33040 Country: USA	Zip: 89130 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/26/2002

6. FEI Number: 141844907 ☐ 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: CRAIG D WILLIAMS

Street Address (P.O. Box Number is Not Acceptable): 1111 SOUTH STREET

Suite, Apt. #, Etc:

City: KEY WEST State: FL Zip Code: 33040

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: _____ Date: OCT 20,2005
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CRAIG D WILLIAMS	5119 THATABOY CT	LAS VEGAS, NV 89130
MGRM	NICOLETTA J WILLIAMS	5119 THATABOY CT	LAS VEGAS, NV 89130
		REINSTATEMENT 04-05	

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. This 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: C W [illegible] Date: 10/20/05 Daytime Phone #: 702.658.8123

Typed or printed name of signing Managing Member/Manager: CRAIG D WILLIAMS