

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000027508**

1. Limited Liability Company's Name

2ND SUB, LLC

2. Principal Office Address

7680 UNIVERSAL BLVD.

Suite, Apt. #, etc.

500

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

280 PARK AVENUE

Suite, Apt. #, etc.

5TH FLOOR EAST

City & State

NEW YORK, NY

Zip

10017

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

10/17/2002

6. FEI Number

91-0575011

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

JAMES L. BASS

000024937080

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

7680 UNIVERSAL BLVD.

Suite, Apt. #, Etc.

SUITE 500

REINSTATEMENT 2003

City

ORLANDO

State

FL

Zip Code

32819

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

[Signature]

[Signature]

Date

11-14-03

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
MEMBER	JAMES L. BASS	7680 UNIVERSAL BLVD, #500	ORLANDO, FL 32819
MEMBER	JOSHUA S. CHABEZ	7680 UNIVERSAL BLVD, #500	ORLANDO, FL 32819
MEMBER	CHRISTOPHER KIRKPATRICK	7680 UNIVERSAL BLVD, #500	ORLANDO, FL 32819
MEMBER	JUSTIN R. TIMBERLAKE	8990 HUBBARD PLACE	ORLANDO, FL 32819
MEMBER	JOSEPH A. FATONE	2746 WOODRUFF DRIVE	ORLANDO, FL 32837

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

[Signature]

Date

11-14-03

Daytime Phone #

212907 9000

Typed or printed name of signing Managing Member/Manager

JAMES LANCE BASS

CR2E041 (10/02)