

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hooper
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000028802

Name and Mailing Address

0001351 01 AT 0.292 **AUTO T7 2 0615 32128-722979



MIK'E' J ENTERTAINMENT, LLC
6079 SANCTUARY GARDEN BLVD
PORT ORANGE FL 32128-7229

US

2004 MAR 25 P 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/16 2003-2004

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/01/2002

Principal Place of Business
6079 SANCTUARY GARDEN BLVD
PORT ORANGE FL 32128
US

3. New Principal Place of Business Address

City, State, Zip

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

WINSHIP, VIORICA
6079 SANCTUARY GARDEN BLVD
PORT ORANGE FL 32128

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)
800025563738
12/17/03--01068--006 **150.00

City

FL

Zip Code

10. 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 *Vio Winship* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12.18.03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MAN</i>	<i>MICHAEL WINSHIP</i>	<i>6079 SANCTUARY GARDEN BLVD</i>	<i>PORT ORANGE, FL 32128</i>
			<i>800025563738</i> <i>03/25/04--01003--003 **50.00</i>
			REINSTATEMENT <i>2003-2004</i> <i>dcc</i>

12. 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]* **SIGNATURE REQUIRED** Date *12/18/03* Daytime Phone # *386-788-2575*

Typed or printed name of signing Managing Member/Manager