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LIMITED LIABILITY REINSTATEMENT

BOBBY JONES FILM, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV -2 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029328

1. Limited Liability Company's Name
Bobby Jones Film, LLC

2. Principal Office Address		3. Mailing Office Address	
1930 Camden Road, Suite 2070		1930 Camden Road, Suite 2070	
Suite, Apt. #, etc. Suite 2070		Suite, Apt. #, etc. Suite 2070	
City & State Charlotte, NC		City & State Charlotte, NC	
Zip 28203	Country USA	Zip 28203	Country USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/4/02
6. FEI Number: 27-0061150 ☐ 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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.
Signature of Registered Agent: [signature] Michele Miller REGISTERED AGENT Assistant Secretary Date: 11/1/04

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	Richard A. Eldridge, Jr.	1930 Camden Road, Ste. 2070	Charlotte, NC 28203
MGR	Kim Dawson	6518 Sunset Willow Court	Orlando, FL 32803

[stamp] 04 dcc

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: 10.30.04 Daytime Phone #: 704.375.4521

Typed or printed name of signing Managing Member/Manager: Richard A. Eldridge, Jr.

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