L02000029328

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029328

REINSTATEMENT 2003

1. Limited Liability Company's Name

Bobby Jones Film, LLC

2. Principal Office Address		3. Mailing Office Address	
3751 Maguire Boulevard		3751 Maguire Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 104		Suite 104	
City & State		City & State	
Orlando, Florida		Orlando, Florida	
Zip	Country	Zip	Country
32803-3789	USA	32803-3789	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: November 4, 2002

6. FEI Number: 27-0061150 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Andrea Mutyng — Andrea Mutyng, Assistant Secretary — Date: 11-17-03

REGISTERED AGENT MUST SIGN

CR2E041 (01/02)

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
Chief Mgr.	Richard A. Eldridge, Jr.	711 E. Morehead St. Suite 100	Charlotte, NC 28202
Chief Mgr.	Kim Dawson	8518 Sunset Willow Court	Orlando, FL 32803

11-18-03

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: 11.18.03 Daytime Phone # (704) 375-4321

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

2082

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

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