

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000030545

Entity Name: MAJESTIK EVENTZ, LLC

**FILED**  
**Nov 05, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

1909 WIREGRASS COURT  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 677580  
ORLANDO, FL 328677580

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DENNIS, ALANNA M  
1909 WIREGRASS COURT  
ORLANDO, FL 32826 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: DENNIS, ALANNA M  
Address: 1909 WIREGRASS COURT  
City-St-Zip: ORLANDO, FL 32826 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALANNA M DENNIS

MS

11/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date