L02000031019

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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LIMITED LIABILITY REINSTATEMENT

EMAGE GLOBAL EVENTS, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031019

1. Limited Liability Company's Name
Emage Global Events, L.L.C.

REINSTATEMENT 2003-2005

2. Principal Office Address	3. Mailing Office Address
407 Lincoln Road	
Suite, Apt. #, etc.: 500	Suite, Apt. #, etc.:
City & State: Miami Beach, Florida	City & State:
Zip: 33139 Country: USA	Zip: Country:

4. State/Country of Formation: Florida / USA
5. Date Organized or Qualified To Do Business in Florida: 11/19/2002
6. FEI Number: 65-0529961 ☐ 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: Sponcor Lobban
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
Suite, Apt. #, Etc.: 500
City: Miami Beach
State: FL
Zip Code: 33139

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: Sponcor Lobban Date: 1/20/2005
REGISTERED AGENT MUST SIGN

CR2E048 (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
P	Hofit Golan	407 Lincoln Road, Suite 500	Miami Beach, Florida, 33139
		2003-2005	

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: Hofit Golan Date: 1/20/2005 Daytime Phone#: 305 534 5292

Typed or printed name of signing Managing Member/Manager: Hofit Golan