

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:21

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031361

1. Limited Liability Company's Name

SHALLOW ENTERTAINMENT LLC

2. Principal Office Address

3801 NE 207TH STREET

Suite, Apt. #, etc.

STE. TH-3

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

3801 NE 207TH STREET

Suite, Apt. #, etc.

STE. TH-3

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 11/21/02

6. FEI Number

22-3884020

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

STANISLAO JAKUBOWICZ

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

3801 NE 207TH STREET

Suite, Apt. #, Etc.

STE. TH-3

City

AVENTURA

State

FL

Zip Code

33180

REINSTATEMENT 03-05

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

Date 06/29/04

REGISTERED AGENT MUST SIGN

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
MGRM	STANISLAO JAKUBOWICZ	3801 NE 207TH ST., STE. TH-3	AVENTURA, FL 33180

100049168041
03/25/05 01000 000 **250.00

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

Date 06/29/04

Daytime Phone # 305-606-0412

Typed or printed name of signing Managing Member/Manager

STANISLAO JAKUBOWICZ

CR2E041 (10/02)