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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000031657

Name and Mailing Address

0016893 01 MB 0.309 **AUTO H2 0 0615 90068-139794



VLAD INVESTMENTS, LLC
3599 CAHUENGA BLVD., SUITE 319
LOS ANGELES CA 90068-1397



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/25/2002	
Principal Place of Business 3599 CAHUENGA BLVD., SUITE 319 LOS ANGELES CA 90068	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0672207	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent RICHARD P. GREENE, P.A. 2455 EAST SUNRISE BLVD., SUITE 905 FORT LAUDERDALE FL 33304	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400024391374 11/03/03--01036--020 ***150.00 City FL Zip Code
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10. 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 *Richard P. Greene* **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SELLERS, MICHAEL	3599 CAHUENGA BLVD., SUITE 319	LOS ANGELES CA 90068

12. 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 *Michael Sellers* **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____
Typed or printed name of signing Manager/Member/Manager

CR2E084 (7/03)

REINSTATEMENT 03
dec