

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 10 AM 8:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000035051

1. Limited Liability Company's Name

EUPHORIC PRODUCTIONS LLC

2. Principal Office Address

13329 SW 151 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL 33186

Zip

33186

Country

USA

3. Mailing Office Address

13329 SW 151 TER

Suite, Apt. #, etc.

City & State

MIAMI FL 33186

Zip

33186

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/30/02

6. FEI Number

02-0659289

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

DANIEL RIPOLL

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

13329 SW 151 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

*Daniel Ripoll*

REGISTERED AGENT MUST SIGN

Date

10/12/2003

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	DANIEL RIPOLL	13329 SW 151 TER	MIAMI / FL / 33186
MGRM	ANDRE' STOKES	1800 SUNSET HARBOUR DR # 1415	MIAMI BEACH / FL / 33139

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

*Andre' E. Stokes*

Date 10/9/03

Daytime Phone # 305.532.7940

Typed or printed name of signing Managing Member/Manager

ANDRE' E. STOKES

CR2E041 (10/02)



13329 SW 151 Terrace  
Miami, FL 33186

FILED

2003 NOV 13 AM 8:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

October 9, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Document Number: L02000035051

Re: Waiver of Fees to Reinstate

Please accept this request for waiver of reinstatement fees as the Company has never received any correspondence from the Florida Department of State. Moreover, the Company has never received a Uniform Business Report. We believe that the reason for failing to receive any documents was due to the December 30, 2002 date of incorporation.

Should you have any questions or wish to discuss this issue further please telephone me at 305-532-7940 or email me at [andre@euphoricadventures.com](mailto:andre@euphoricadventures.com). Thank you in advance for your assistance on this matter.

Kind regards,

Andre E. Stokes  
Managing Partner  
Euphoric Productions