L02000035146

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 26 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000035146

1. Limited Liability Company's Name
TOMLINSON-DE ONIS PRODUCTIONS LLC

2. Principal Office Address		3. Mailing Office Address	
798 NE 71ST ST		798 NE 71ST ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33138-5718	Country:	Zip: 33138-5718	Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/31/2002

6. FEI Number: 51-0440115 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: FRANCESCA DE ONIS-TOMLINSON

Street Address (P.O. Box Number is Not Acceptable): 798 NE 71ST ST

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33138-5718

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: X [signature] Date: 4-25-2005

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	FRANCESCA DE ONIS-TOMLINSON	798 NE 71ST ST	MIAMI, FL 33138-5718
MGRM	ALAN TOMLINSON	798 NE 71ST ST	MIAMI, FL 33138-5718

REINSTATEMENT 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: X [signature] Date: 4-25-2005 Daytime Phone #: 305 759 6606

Typed or printed name of signing Managing Member/Manager: FRANCESCA DE ONIS-TOMLINSON, MGRM

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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(((H05000103954 3)))

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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

RECEIVED
05 APR 26 PM 12:20
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

TOMLINSON-DE ONIS PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$250.00

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DATE: 07/14/2005

TO: Division of Corporations - Reinstatement Section
409 E. Gaines Street - Tallahassee, FL 32399

FROM: Account Name: A1A Corporate Services Inc.
Account # I20010000247
Account address: 92 Sadberry Rd. Quincy, FL 32351

Ref: TOMLINSON-DE ONIS PRODUCTIONS LLC
Document Number: L02000035146
Limited Liability Company Reinstatement

We filed by fax a limited liability company reinstatement for the company listed above on 04/26/2005.

We faxed to you an State coversheet audit number H050001039543, the reinstatement form and a signed letter requesting to waive the penalty explaining our customer did not receive the Uniform Business Report by mail. Total 3 pages.

We should have been charge $ 150.00 but checking the monthly statement we realized our account was debited by mistake for a total of $ 250.00

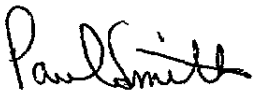
As per our conversation with Barbara we have been told to write this letter and request a $ 100.00 refund.

A check can be mailed out to us using the address listed below:

A1A CORPORATE SERVICES INC.
6538 COLLINS AVE. SUITE # 451
MIAMI BEACH FL 33141

If you have any questions please contact Paul Smith at 1 800 494 3124 Fax 786-206-9053 or e-mail us at a1acorp@yahoo.com

Regards,



PAUL SMITH
A1A CORPORATE SERVICES INC.
1 800 494 3124 FAX 1 786-206-9053
6538 COLLINS AVE. SUITE # 451
MIAMI BEACH FL 33141