

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 14 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005097

1. Limited Liability Company's Name

DEMP PRODUCTIONS, LLC.

REINSTATEMENT 04, 05

CR2E041 (8/05)

2. Principal Office Address

1081 SUTOR RD.

Suite, Apt. #, etc.

3. Mailing Office Address

1081 SUTOR RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32311

Country

City & State

TALLAHASSEE, FL

Zip

32311

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/11/2003

6. FEI Number

☒ 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

DONNELL BENSON

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

1081 SUTOR RD.

Suite, Apt. #, Etc.

400082435354

12/28/05--01011--003 **200 (10)

City

TALLAHASSEE

State
FL

Zip Code

32311

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

REGISTERED AGENT MUST SIGN

Date

12/14/05

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
MGR	DONNELL BENSON	1081 SUTOR RD.	TALLAHASSEE, FL. 32311

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

12/14/05

Daytime Phone #

850-251-0956

Typed or printed name of signing Managing Member/Manager