

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

B. Name and Address of Current Registered Agent

Name

DONNELL BENSON

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

1081 SUTOR RD.

400082435354

Suite, Apt. #, Etc.

12/28/05-01011-003 **200 (1)



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

[Signature]

Date 12/14/05

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
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

[Signature]

Date 12/14/05 Daytime Phone# 850-251-0956

Typed or printed name of signing Managing Member/Manager