

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB -5 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017175

1. Limited Liability Company's Name

Buzzie Productions, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2161 Fawn Meadow Cir

3. Mailing Office Address
2161 Fawn Meadow Cir

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/09/2003

6. FEI Number 200764847. Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Saint Cloud, FL

City & State
Saint Cloud, FL

Zip 34772 Country USA ;

Zip 34772 Country USA

8. Name and Address of Current Registered Agent

Name
Gentry L. Akens, II

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

Suite, Apt. #, Etc.
Apt. #1102

City
Orlando

State Zip Code
FL 32801

☒ A \$100 reinstatement fee is imposed; except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 *Gentry L. Akens, II*
REGISTERED AGENT MUST SIGN

Date 2/3/08

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	Smile Productions	2161 Fawn Meadow cir	Saint Cloud, FL 34772
			000118074350 02/14/08--01046--021 **416.25
			REINSTATEMENT Without Penalty 2006-08 up 2/5

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 *Gentry L. Akens, II*

Date 12-24-07 Daytime Phone# (407) 668-6853

Typed or printed name of signing Managing Member/Manager
GENTRY L. AKENS, II