

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 30 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000022150**

1. Limited Liability Company's Name

Reel Time, LLC

700183830947
07/30/10--01048--005 **\$55.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

183 N Bayshore Dr.

Suite, Apt. #, etc

3. Mailing Office Address

183 N Bayshore Dr.

Suite, Apt. #, etc

City & State

Eastpoint FL

City & State

Eastpoint FL

Zip

32328

Country

USA

Zip

32328

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-1912898

☐ 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

Bruce Millender

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

183 N Bayshore Dr.

Suite, Apt. #, Etc

City

Eastpoint

State

FL

Zip Code

32328

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

Bruce Millender

REGISTERED AGENT MUST SIGN

Date

7/23/10

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
MM	Bruce Millender	183 N. Bayshore Dr	Eastpoint FL 32328
MM	Angeline Millender	183 N. Bayshore Dr	Eastpoint FL 32328
REINSTATEMENT -07-10			

11. E-mail Address.

(To be used for future annual report notifications)

12. 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 608.456, 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

Bruce Millender

Date

7/23/10

Daytime Phone #

8506708876

Typed or printed name of signing Managing Member/Manager

Bruce Millender