

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:21

DOCUMENT # L03000023867

1. Limited Liability Company's Name

CHOW TIME ENTERTAINMENT LLC

200129918892
05/21/08--01004--015 **793.95

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 331 NW 37TH ST Suite, Apt. #, etc.		3. Mailing Office Address 331 NW 37TH ST Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33127	Country US	Zip 33127	Country US

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 07/01/03	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ROBERT LABRANCHE		
Street Address (P.O. Box Number is Not Acceptable) 331 NW 37TH ST		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33127

☒ 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

REGISTERED AGENT MUST SIGN

Date 5/14/08

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
MGRM	ROBERT LABRANCHE	331 NW 37TH ST	MIAMI, FL. 33127

REINSTATEMENT
04-08

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 5/14/08

Daytime Phone # 305-632-9360

Typed or printed name of signing Managing Member/Manager

Robert LABRANCHE