

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRET
DIVISION

07 NOV -6 AM 11:24

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000010446

1. Limited Liability Company's Name

REEL PERFORMANCE MANAGEMENT, LLC

900112047749
11/06/07--01052--013 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 4850 S.W. 52nd Street		3. Mailing Office Address 4850 S.W. 52nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davie, FL		City & State Davie, FL	
Zip 33314	Country	Zip 33314	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/06/2004	
6. FEI Number 68-0661224	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Todd S. Payne, Esq. c/o Zebersky & Payne, LLP		
Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd.		
Suite, Apt. #, Etc. Suite 675-South		
City Hollywood	State FL	Zip Code 33021

☒ 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

Date

11-2-07

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
MGRM	Todd S. Payne	4000 Hollywood Blvd., Suite 675-S	Hollywood, FL 33021

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

11-2-07

Daytime Phone #

954-989-6333

Typed or printed name of signing Managing Member/Manager

Todd S. Payne, Managing Member

ZEBERSKY & PAYNE, LLP

November 2, 2007

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Document Number: L04000010446
Reel Performance Management, LLC

To whom it may concern:

With respect to the above referenced LLC, enclosed please find the following:

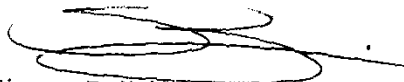
1. Check #7942 in the amount of \$150.00 representing the filing fee for the LLC reinstatement; and
2. LLC Reinstatement application.

Should you have any questions about this filing, please do not hesitate to call me at 954-989-6333 ext. 224.

Thank you!

Very truly yours,

ZEBERSKY & PAYNE, LLP



Simona Bulicich
Paralegal to Todd S. Payne, Esq.

/sd
Enclosures