

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 04 0000 14134

1. Limited Liability Company's Name

SEVEN STAR ENTERTAINMENT LLC

CR2E041 (1/07)

4565 POWERLINE ROAD 4565 POWERLINE RD

OAKLAND PARK, FL OAKLAND PARK, FL

33309 USA 33309 USA

5. Date Organized or Qualified To Do Business in Florida 2/20/2004

20-1018389 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

ALLISON M. HUNTE
6712 SIENNA CLUB DRIVE

LAUDERHILL FL 33319

☒ 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 [Signature]
REGISTERED AGENT MUST SIGN

Date 4/26/07

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 | DONNA D. STRAKER | 7900 Thorneywood Dr | Plano, TX 75029 |
| MGR | LISA MALCOLM | 7810 151 ST AVE | HOWARD BEACH, NY |
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REINSTATEMENT 05-07

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 4/26/07 Daytime Phone # 646 296-4089

Typed or printed name of signing Managing Member/Manager ALLISON M HUNTE