

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # LOH000014936

1. Limited Liability Company's Name

Modieve Entertainment Services LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 891 NORTH JERICO DRIVE		3. Mailing Office Address 891 NORTH JERICO DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CASSELBERRY		City & State CASSELBERRY	
Zip 32707	Country SEMINOLE	Zip 32707	Country SEMINOLE

4. State/Country of Formation
Casselberry, FL5. Date Organized or Qualified
To Do Business in Florida 3/09/076. FEI Number
20-8599912
☒ 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
JAN MICHAEL MASONStreet Address (P.O. Box Number is Not Acceptable)
891 NORTH JERICO DRIVE

Suite, Apt. #, Etc.

City
CASSELBERRYState
FLZip Code
32707
☒ 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 3-14-07

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
OWNER	Jan Michael Mason	891 N Jerico Dr Casselberry, FL 32707	Casselberry, FL 32707

680894462556
03/22/07--01009--015 **150.00

REINSTATEMENT

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

3-14-07

Daytime Phone #

4074622791

Typed or printed name of signing Managing Member/Manager