PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 NOV -2 MM 3:19	
DOCUMENT # L0400023917 1. Limited Liability Company's Name Tier Venturas Entertainment lac			DECIME DART EF STAVE TABLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	_	CR2E041 (05/10)	
Suite, Apt. #, etc	10 00x 10'113 Suite, Apt. #, etc.	4. State/Cou	ntry of Formation	
Suites		5. Date Orga	nized or Qualified siness in Florida 3/30/04	
Tallahassaa fil	Tallahass fl.	6. FEI Numb		
32301 Country USA	32302-21713 Country	7	EOF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name				
Street Address (P.O. Box Numberris Not Acceptable) 1893 Lake Cood Suite, Apt. #, Etc.		-	01 070000nn	
City State Zip Code Montice 0 FL 32344		500187363685 - 11/03/1001001004 **377.50		
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 11-02-10 REGISTERE AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Tritles Name of Managing Members/Manage	Street Address of Ear ers Managing Member/Man		City / State / Zip	
MGRM Charity Mosley	1893 Lake Road	<u> </u>	Monticello, fl 32344	
	REINSTATEMENT 09-10			
			CR 11-2-10	
11, E-mail Address: Kerret Chole Collicon (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 608.406, 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 Daytime Phone # ### Daytime Phone ####################################				