

02-09-2007

08:44pm

Fr BRENNAN, MACHA & D'AMICO

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PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000024829

1. Limited Liability Company's Name

Slow Grind Entertainment, LLC

2. Principal Office Address - No P.O. Box #

6821 Champlain Road

Suite, Apt. #, etc.

3. Mailing Office Address

6821 Champlain Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

April 1, 2004

6. FEI Number

13-4282394

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

Dewayne Kee

Street Address (P.O. Box Number is Not Acceptable)

2159 Allendale Circle North

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32254

☐ 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 02-09-07

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
MGRM	Dewayne Kee	2159 Allendale Circle North	Jacksonville, FL 32254
MGRM	Victor Jackson	6821 Champlain Road	Jacksonville, FL 32208

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 2-9-07 Daytime Phone # 477-9238

Typed or printed name of signing Managing Member/Manager Dewayne Kee

(((H07000037524 3)))

Florida Department of State
Division of Corporations
Public Access System

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(((H07000037524 3)))



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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : I20040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

LIMITED LIABILITY REINSTATEMENT

SLOW GRIND ENTERTAINMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$250.00

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