

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000025759

1. Limited Liability Company's Name

88's Dueling Pianos, LLC

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

2413 Black Lake Blvd

Suite, Apt. #, etc

City & State

Winter Garden, FL

Zip

34787

Country

USA

3. Mailing Office Address

2413 Black Lake Blvd

Suite, Apt. #, etc

City & State

Winter Garden, FL

Zip

34787

Country

USA

8. Name and Address of Current Registered Agent

Name

James Layson W.

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

2413 Black Lake Blvd

Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

James W. Layson  
REGISTERED AGENT MUST SIGN

Date 12-30-15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MEMBER	James Layson - 88's Entertainment	2413 Black Lake Blvd	Winter Garden 34787

11. E-mail Address: JCOFLRE@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

James W. Layson

Date 12-30-15

Daytime Phone # 502-794-8371

FILED

15 DEC 31 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

04/05/2004

6. FEI Number

51-0505815

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status