

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000056224

1. Limited Liability Company's Name

Cake Up Productions, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc. 10821 NW 4th Drive		Suite, Apt. #, etc. 10821 NW 4th Drive	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33076	Country USA	Zip 33076	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida July 27, 2004	
6. FEI Number 26-2506947	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Ste 4			
Suite, Apt. #, Etc.			
City Nelson	State FL	Zip Code 33333	

☐ 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 By: Amy Purdy		NRAI Services, Inc. Amy Purdy, Assistant Secretary Date 4/24/07 REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Ryan Campbell	10821 NW 4th Dr.	Coral Springs, FL 33076
	L. SELLERS		
	MAY 16 2008		
	EXAMINER		
		REINSTATEMENT	05/18

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 Ryan Campbell	Date 04/29/08	Daytime Phone # 718-450-2404
Typed or printed name of signing Managing Member/Manager Ryan Campbell		