

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000067192

1. Limited Liability Company's Name

Prime Time Public Relations + Marketing

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

4000 Hollywood Blvd

Suite, Apt. #, etc.

* 755 - S

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

West Palm

**5. Date Organized or Qualified
To Do Business in Florida**

9/13/04

6. FEI Number

56-2480017

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

Weiss and Handler

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

2255 Glades Rd

Suite, Apt. #, Etc.

218 - A

City

Boca Raton

State

FL

Zip Code

33431

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/25/07

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
Pres	Joel Feinberg	11 Hendricks Isle Ft. Lauderdale, FL	Ft. Lauderdale, FL
Sec	Kurt Murphy	5247 SW 38th Way	Ft. Lauderdale, FL 33312

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

[Signature]

Date 1/25/07

Daytime Phone #

954-961-1492

Typed or printed name of signing Managing Member/Manager

Kurt Murphy