

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 23 PM 1:56

DOCUMENT # LO4-77639

1. Limited Liability Company's Name

IN2ITION ENTERTAINMENT

400139213054
12/22/08--01068--001 **560.00

CR2E041 (10/08)

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

10773 NW 58TH ST

Suite, Apt. #, etc.

#104

City & State

DORAL, FL

Zip

33178

Country

USA

3. Mailing Office Address

10773 NW 58TH ST

Suite, Apt. #, etc.

#104

City & State

DORAL, FL

Zip

33178

Country

USA

4. State/Country of Formation

FLORIDA / USA

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

11/2004

6. FEI Number

20-1831496

☐ 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

FRANCISCO J PONCE

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

11241 NW 79TH LANE

Suite, Apt. #, Etc.

MIAMI

City

State

FL

Zip Code

33178

☒ 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

10/22/2008

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
<u>PRES</u>	<u>FRANCISCO J PONCE</u>	<u>11241 NW 79TH LANE</u>	<u>DORAL, FL 33178</u>

REINSTATEMENT

Dec-08

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

10/22/2008

Daytime Phone #

866-518-7651

Typed or printed name of signing Managing Member/Manager

at 1000