

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 OCT -8 PM 1:42

DOCUMENT # L05000002229

1. Limited Liability Company's Name

Power House Productions LLC

300136891923
10/14/08--01005--010 **282.50

CR2E041 (10/08)

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

77 Grace Cunningham Rd.

3. Mailing Office Address

77 Grace Cunningham Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, FL.

City & State

Quincy FL.

Zip

32352

Country

USA

Zip

32352

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

01/07/2005

6. FEI Number

☐ 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

Douglas Passmore

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

77 GRACE CUNNINGHAM Rd.

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32352

☒ 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

Douglas Passmore

REGISTERED AGENT MUST SIGN

Date 10-08-08

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
mgm	<u>Douglas Passmore</u>	<u>77 Grace Cunningham rd</u>	<u>Quincy, FL. 32352</u>

REINSTATEMENT

07-08-08

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

Douglas Passmore

Date 10-08-08

Daytime Phone #

880-597-3393

Typed or printed name of signing Managing Member/Manager

DOUGLAS PASSMORE