FILED
2010 JUL 19 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (06/10)

DOCUMENT # L05000004034

1. Limited Liability Company's Name

Strike II Production Consultants, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6259 GRANT FORD RD	6259 GRANT FORD RD GAINESVILLE GA 30506
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE GA	City & State: GAINESVILLE GA
Zip: 30506 Country:	Zip: 30506 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/13/2005

6. FEI Number: 202156126 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Michael J. Barker, Esq.

(Street Address (P.O. Box Number is Not Acceptable)): 50 N. Laura Street

Suite, Apt. #, Etc.: 2200

City: Jacksonville State: FL Zip Code: 32202

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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: See Attached Date:
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Douglas M. Smith	6259 GRANT FORD RD	GAINESVILLE GA 30506
	REINSTATEMENT -08-10		

11. E-mail Address: (To be used for future annual report notifications)

12. 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 608.408, F.S., and that all fees owed by the limited liability company have been paid. This 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 M. Smith Date: July 15, 2010 Daytime Phone #: 1-770-297-0483

Typed or printed name of signing Managing Member/Manager

C.J.

Sincerely,

HINSHAW & CULBERTSON LLP

Michael J. Barker
mbarker@hinshawlaw.com

MJB:lpk
Enclosures