

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000019281

1. Limited Liability Company's Name

Big 13 Entertainment

2. Principal Office Address - No P.O. Box #
14010 SW 56th Manor

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33330

Country
USA

3. Mailing Office Address
12289 Pembroke Road

Suite, Apt. #, etc.
102

City & State
Pembroke Pines, FL

Zip
33025

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **February 24, 2005**

6. FEI Number
20-2381200

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
Norris Fletcher

Street Address (P.O. Box Number is Not Acceptable)
12289 Pembroke Road

Suite, Apt. #, Etc.
102

City
Pembroke Pines

State
FL

Zip Code
33025

☒ 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

REGISTERED AGENT MUST SIGN

Date

10/29/07

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
MGRM	JEROME JAMES	14010 SW 56th Manor	Fort Lauderdale, FL 33330
MGRM	NORRIS FLETCHER	12289 Pembroke Road, 102	Pembroke Pines, FL 33025
MGRM	CATHERINE GOODALL	16266 SW 14th Street	Pembroke Pines, FL 33027
REINSTATEMENT			
EM			
06-07			
500111562835			
11/01/07--01004--015 **200.00			

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

Date

10/29/07

Daytime Phone #

954-682-7801

Typed or printed name of signing Managing Member/Manager