

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L05000019404

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 25 AM 8:38

DOCUMENT # L05000019404

1. Limited Liability Company's Name

F.U.P. MOB PRODUCTIONS, LLC

600167131036
01/26/10--01006--003 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
1970 NE 149TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address
1970 NE 149TH STREET

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FLORIDA

City & State
NORTH MIAMI, FLORIDA

Zip 33181 Country US

Zip 33181 Country US

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 02/25/2005

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 REALITY LASTER

Street Address (P.O. Box Number is Not Acceptable)
1970 NE 149TH STREET

Suite, Apt. #, Etc.

City NORTH MIAMI

State FL Zip Code 33181

☒ 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

Reality Laster

REGISTERED AGENT MUST SIGN



Date 1/23/10

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	STEVE BAUMGARTNER	1970 NE 149TH STREET	NORTH MIAMI, FLORIDA 33181
MGRM	REALITY LASTER	1970 NE 149TH STREET	NORTH MIAMI, FLORIDA 33181

REINSTATEMENT 2008-2010

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 608.406, 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

Reality Laster



Date 1/23/10

Daytime Phone #

NOT NEEDED

Typed or printed name of signing Managing Member/Manager REALITY LASTER