

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS000044164

1. Limited Liability Company's Name

Empyre Entertainment, LLC

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

275 Bayshore Blvd

Suite, Apt. #, etc.

1600

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

275 Bayshore Blvd

Suite, Apt. #, etc.

1600

City & State

Tampa, FL

Zip

33606

Country

USA

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

5/4/05

6. FFI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED

☒ \$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (05/10)

8. Name and Address of Current Registered Agent

Name

Darren Howard

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

275 Bayshore Blvd

Suite, Apt. #, Etc.

Tampa, FL

1600

City

Tampa, FL

State

FL

Zip Code

33606

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 8/10/10

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	Darren M. Howard	275 Bayshore #1600	Tampa, FL 33606
MGR	Chelsea Martinez	275 Bayshore #1600	Tampa, FL 33606

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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

[Signature]

Date

Daytime Phone # (813) 919-8237

Typed or printed name of signing Managing Member/Manager

M. O'Brien AUG 19 2010