

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

506138900981
n51nd/06 90034 003

FILED

Jun 21, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L05000044397

1. Limited Liability Company's Name

Kedar Entertainment, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2121 Ponce de Leon Blvd

3. Mailing Office Address

Suite, Apt. #, etc.
330

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State

Zip
33134

Country
USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
26-0361633

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
Michael Ortiz, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
330

City
CORAL GABLES

State
FL

Zip Code
33134

☒ 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

Michael Ortiz

Date 6/18/2007

REGISTERED AGENT MUST SIGN

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	William Massenberg	2121 Ponce de Leon Blvd, Suite 330	Coral Gables, FL 33134

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06/22/07--01040--010 **50.00

REINSTATEMENT 2006-07

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 06-18-2007

Daytime Phone # (305) 476-5270

Typed or printed name of signing Managing Member/Manager

William Massenberg