

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 27 PM 2:17

DOCUMENT # L05000053239

1. Limited Liability Company's Name

Rain Productions, LLC

800131745708
06/26/08--01028--005 **282.50

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
501 N. Orlando Ave		501 N. Orlando Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 313-306		Suite 313-306	
City & State		City & State	
Winter Park		Winter Park	
Zip	Country	Zip	Country
32789	USA	32789	USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 6/01/2005

6. FEI Number 20-3012981 ☐ 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 Kristy MacLean			
Street Address (P.O. Box Number is Not Acceptable) 501 N. Orlando Ave Ste 313-306			
Suite, Apt. #, Etc. Suite 313-306			
City	State	Zip Code	
Winter Park	FL	32789	

☒ 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

Kristy MacLean

REGISTERED AGENT MUST SIGN

Date 06/23/08

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
MGR	Kristy MacLean	501 N. Orlando Ave Ste 313-306	Winter Park, FL 32789

REINSTATEMENT

W/O/P

07-08

[Signature]

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

Kristy MacLean

Date 06/23/08

Daytime Phone # 407.474.5278

Typed or printed name of signing Managing Member/Manager

Kristy MacLean

Did not receive anything--possibly due to change of address, even though I received other forwarded mail.