

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY 27 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000081926**

1. Limited Liability Company's Name

Stone Bridge Films LLC

CR2E041 (10/08)

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

3140 S. Ocean Drive

Suite, Apt. #, etc.

1905

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

3. Mailing Office Address

3140 S. Ocean Drive

Suite, Apt. #, etc.

1905

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida August 18, 2005

6. FEI Number

32-0281440

☒ 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

Peter Engert

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

3140 S. Ocean Drive

Suite, Apt. #, Etc.

1905

City

Hallandale Beach

State

FL

Zip Code

33009

☐ 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

*Peter Engert*

Date 5/10/09

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	Peter Engert	3140 S. Ocean Drive, Apt. 1905	Hallandale Beach, FL 33009

100155895901  
05/13/09--01031--001 \*\*\$55.00

JB

**REINSTATEMENT** 2006-09

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

*Peter Engert*

Date 05/10/09

Daytime Phone#

954-4798977

Typed or printed name of signing Managing Member/Manager

PETER ENGERT