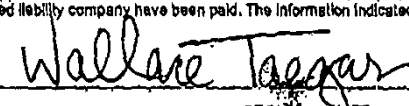


L05000095276

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
TALLAHASSEE, FLORIDA
JUN -6 PM 3:15

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000095276			
1. Limited Liability Company's Name A&S FILMS, LLC			
2. Principal Office Address - No P.O. Box # 2881 E. Oakland Park Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 2881 E. Oakland Park Blvd. Suite, Apt. #, etc.	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33306	Country USA	Zip 33306	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 09/19/2005	
6. FEI Number 11-3761169		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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City TALLAHASSEE			
State FL		Zip Code 32301	
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  Jeanine Reynolds Date 6-6-08 REGISTERED AGENT MUST SIGN as its agent			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mr	Wallace Taegar	2115 N. Ocean Blvd.	Ft. Lauderdale, FL 33305
REINSTATEMENT 2006-2008			
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 6/5/2008 Daytime Phone # 561-319-0358	
Typed or printed name of signing Managing Member/Manager Wallace Taegar			

900130987529

CR2E041 (12/07)



CORPORATION SERVICE COMPANY

L05000095276

ACCOUNT NO. : 072100000032

REFERENCE : 600387 7652864

AUTHORIZATION :

COST LIMIT : \$ ~~250.00~~

[Handwritten signature]

ORDER DATE : June 6, 2008

516.25

ORDER TIME : 9:46 AM

ORDER NO. : 600387-005

CUSTOMER NO: 7652864

DOMESTIC FILINGS

NAME: A&S FILMS, LLC

RECEIVED
08 JUN -6 AM 10:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten initials]

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____

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08 JUN -6 PM 3:15
TALLAHASSEE, FLORIDA