

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 CORPORATION

10 JAN 12 AM 11:58

DOCUMENT # L05000103218

1. Limited Liability Company's Name

Renaissance 305 Productions, LLC.

700165752797  
01/11/10--01052--019 \*\*516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 13055 SW. 88th Terr. So.		3. Mailing Office Address 13055 SW 88th Terr. So.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL 33186		City & State Miami, FL 33186	
Zip 33186	Country US	Zip 33186	Country US

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ALLEN Theophilus Eaton IV		
Street Address (P.O. Box Number is Not Acceptable) 13055 SW. 88th Terr. So.		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33186

☐ 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 [Signature] Date 1-7-10  
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
MGR.	ALLEN Theophilus Eaton IV	13055 SW. 88th Terr. So.	miami FL 33186

REINSTATEMENT 2008-10 2PM

11. E-mail Address: blacmacher@hotmail.com

(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 1-7-10 Daytime Phone # 786-443-0446