

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAY 28 AM 8:35  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000104644**

**1. Limited Liability Company's Name**

ROCKSTAR AIRBRUSH VIDEO LLC

06

CR2E041 (12/07)

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

2428 HARRIS AVE

Suite, Apt. #, etc.

SUITE 1

City & State

KEY WEST FL

Zip

33040

Country

**3. Mailing Office Address**

2428 HARRIS AVE

Suite, Apt. #, etc.

SUITE 1

City & State

KEY WEST FL

Zip

33040

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

10/21/2005

**6. FEI Number**

☒ 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

JOE CARTER

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

2428 HARRIS AVE

Suite, Apt. #, Etc.

SUITE 1

City

KEY WEST

State

FL

Zip Code

33040

☒ 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

Date 5-27-2008

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 BATEMAN	#10 SOUTHWIND DR.	NORWALK CT 06854
MGRM	JOE CARTER	2428 HARRIS AVE, SUITE 1	KEY WEST FL 33040

000131092020  
06/10/08--01008--022 \*\*\*416.25

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 5-27-2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager