PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 30 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900158015189
06/30/09--01046--019 **416.25

CR2E041 (10/08)

DOCUMENT # L05000112204

1. Limited Liability Company's Name

Black Triad Entertainment Group LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1640 SE South Neimeyer Circle	P.O Box 9252
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Saint Lucie Fla.	City & State: Port Saint Lucie Fla.
Zip: 34952 / Country: United States	Zip: 34985 / Country: United States

4. State/Country of Formation: Florida/United States

5. Date Organized or Qualified To Do Business in Florida: 10/24/2002

6. FEI Number: 84-1707801 ☐ 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: Richard Fitzpatrick

Street Address (P.O. Box Number is Not Acceptable): 301 S.E Strait Ave

Suite, Apt. #, Etc.:

City: Port Saint Lucie | State: FL | Zip Code: 34983

☑ 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.

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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: Richard Fitzpatrick — REGISTERED AGENT MUST SIGN — Date: 6/27/09

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	Richard Fitzpatrick	301 S.E Strait Ave	Port Saint Lucie FL. 34983
MGRM	Faith Fitzpatrick	301 S.E Strait Ave	Port Saint Lucie FL. 34983
MGRM	LaQuiche Fitzpatrick	301 S.E Strait Ave	Port Saint Lucie FL. 34983
MGRM	Deidre Washington	505 74th Street #B5	Miami Beach FL. 33141
	REINSTATEMENT 0709		

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: Richard Fitzpatrick — Date: 6/27/09 — Daytime Phone #: 772-380-2314

Typed or printed name of signing Managing Member/Manager: Richard Fitzpatrick