

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

08 MAY 15 PM 3:50

DOCUMENT # L05000122992

1. Limited Liability Company's Name

Claire Vision Productions, LLC

400128365384
05/05/08--01019--011 **516.25

CR2E041 (12/07)

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

515 North Flagler Drive

Suite, Apt. #, etc.

Suite 808

City & State

West Palm Beach FL

Zip

33401

Country

USA

3. Mailing Office Address

515 North Flagler Drive

Suite, Apt. #, etc.

Suite 808

City & State

West Palm Beach FL

Zip

33401

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 09/15/2006

6. FEI Number

None

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

Haile, Shaw & Pfaffenberger, P.A.

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

660 U.S. No 1

Suite, Apt. #, Etc.

3rd Floor

City

West Palm Beach

State

FL

Zip Code

33408

☐ 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 April 29, 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	Robert Cuillo	515 North Flagler Drive	West Palm Beach FL 33401
MGRM	Thomas Price	134 Gatone Drive	Hendersonville TN 37075

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 April 29, 2008 Daytime Phone # 615-822-1822

Typed or printed name of signing Managing Member/Manager Thomas Price