2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT								
DOCUMENT # L06000025906 1. Entity Name SUN-UP ENTERTAINMENT, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAY - 1 AM 8: 12				
Principal Place 1835 NE 170 APT 2 MIAMI, FL 33	OTH STREET	Mailing Address P.O. BOX 382121 MIAMI, FL 33238					ARK III FAIK	
2. Principal P Suite, Apt.	lace of Business - No P.O. Box # #, etc.	3. Mailing Address 3. Mailing Address Suite, Apt. #, etc.		04162008		R2E101 (1/07)	36	
City & State		City & State Wireamak	FL	4. FEI Numb		Ар	plied For	
<u> 3302:</u>	3 Country S.A.	33023	Country S.		e of Status Desired	Fee Required		
ST. PLITE, DONALDSON 1835 NE 170TH STREET Street Address (P.					d Address of New Register St. pl. te per is Not Acceptable)	FL Zip Cod		
8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$377.50					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	IRS/MANAGERS	10.		ADDITIONS/CHAN	NGES /		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM ST. PLITE, DONALDSON P.O. BOX 382121	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / CZZ DONALOSON ST.P. 1321 FAIRWA	RY President	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33238 MGRM ST. PLITE, DONALD JR. P.O. BOX 382121 MIAMI, FL 33238	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miramar MGAM / Vi Patanska P 16010 Sw J Miami , FI	ce president	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	′	00125576 1/0801037010	□ Change \$ 269 6 **382.5	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTAT	EMENT <u>20</u>	□ Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 4/2/2008 850-718-6596								
SIGIAN	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MALAGING MEMBER, MAN	AGER, OR AUTHORIZE	D REPRESENTATIVE	Date	Daytime Phone #		