

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP -1 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000040897

1. Limited Liability Company's Name

Entourage Marketing LLC

CR2E041 (10/08)

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

275 bayshore blvd

Suite, Apt. #, etc.

1808

City & State

tampa

Zip

33606

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business In Florida **04-19-2006**

6. FEI Number

45-0541095

☒ 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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Elizabeth B. Komiczny
Elizabeth B. Komiczny
REGISTERED AGENT MUST SIGN

Date **08-13-2009**

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
President	Colby Scott Fox	275 bayshore blvd #1808	tampa / florida / 33606
VP	Mathew Shane Mitchell	275 bayshore blvd #1808	tampa / florida / 33606

REINSTATEMENT 2007-09

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 **09-13-2009**

Daytime Phone # **727-346-6456**

Typed or printed name of signing Managing Member/Manager **Colby Scott Fox**

MGR
MGR

JB