

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 CORPORATIONS

09 FEB 20 PM 2:02

**DOCUMENT # L06000067727**

1. Limited Liability Company's Name

**GOD BLESS ENTERTAINMENT, LLC**

000143060050  
02/09/09--01006--014 \*\*116.25  
CR2E041 (10/08)

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

3904 W. PINE ST.

3. Mailing Office Address

3904 W. PINE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

US

Zip

33607

Country

US

4. State/Country of Formation

FLORIDA/ US

5. Date Organized or Qualified

To Do Business in Florida 07/07/2006

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

COREY CURRY

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

3904 W. PINE ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

☒ 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

*Corey Curry*

REGISTERED AGENT MUST SIGN

Date 01/08/09

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
P	COREY CURRY	3904 W. PINES ST.	TAMPA, FL. 33607

000143060050  
02/09/09--01006--015 \*\*300.00

000143060050  
02/09/09--01006--016 \*\*1.00

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

*Corey Curry*

Date 01/08/09

Daytime Phone# 813-625-6244

Typed or printed name of signing Managing Member/Manager COREY CURRY