

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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Date 01/08/09  
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
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

**REINSTATEMENT** DL-09 800

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