

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 MAR 30 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000081091

1. Limited Liability Company's Name

Chappell Entertainment, LLC

9/14/07

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

214 N. Griffin Dr. same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Casselberry

City & State

FL 32707

Zip

32707 USA

Country

Zip

32707 USA

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

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

William V. Chappell, III

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

214 N. Griffin Dr.

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-22-09

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
MEMBER	William V. Chappell III	214 N. Griffin Dr.	Casselberry FL 32707

REINSTATEMENT 2007-2009 500147952515

03/30/09--01034--011 \*\*\*416.25

Without Penalty up 4/1/09

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

*[Signature]*

Date

3/22/09

Daytime Phone #

407-831-0942

Typed or printed name of signing Managing Member/Manager

William V. Chappell, III