

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 27 PM 1:17

DOCUMENT # **L06000084898**

1. Limited Liability Company's Name

Redemption Productions, LLC

300143346653
02/11/09--01005--027 **521.25

CR2E041 (10/08)

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

1800 N. Bayshore Dr.

Suite, Apt. #, etc.

1912

City & State

Miami, FL

Zip

33132

Country

Miami/Dade

3. Mailing Office Address

1800 N. Bayshore Dr.

Suite, Apt. #, etc.

1912

City & State

Miami, FL

Zip

33132

Country

Miami/Dade

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/28/2006

6. FEI Number

141974420

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Ramon Quezada

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

1800 N. Bayshore Dr.

Suite, Apt. #, Etc.

1912

City

Miami

State

FL

Zip Code

33132

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

Ramon Quezada

Date

1/12/09

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
MGR	Vincent G. Campanella	1800 N. Bayshore Dr. Suite 1912	Miami, FL 33132
MGR	Andrea Cardinalli-Campos	271 Grantham E Deerfield Beach, FL 33442	Deerfield Beach, FL 33442 3425

REINSTATEMENT

07-09

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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

1/12/09

Daytime Phone

(949)290-5975

Typed or printed name of signing Managing Member/Manager

Vincent G. Campanella