

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000180262860

05/04/10--01044--007 **655.00

CR2E041 (11/09)

DOCUMENT # L06000111806

1. Limited Liability Company's Name

HUMAN PRODUCTIONS LLC

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

13021 SW 142 TER

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33186

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

11/20/2006

6. FEI Number

NONE

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

MICHAEL MURRAY

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

10620 SW 140 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date APR 1st, 2010

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
MEM	JOHN AVAREZ	13021 SW 142 TERRACE	MIAMI / FL / 33186

REINSTATEMENT 07-10

11. E-mail Address: TJOSULLIVAN32@GMAIL.COM

(To be used for future annual report notifications)

12. 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 04/01/2010 Daytime Phone # 786 486 6543

Typed or printed name of signing Managing Member/Manager JOHN AVAREZ