

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000111927

1. Limited Liability Company's Name

FullTyme Entertainment LLC

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

4891 NW 1st Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip Country

33317 USA

3. Mailing Office Address

4811 NW 1st Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip Country

33317 USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

11/20/2006

6. FEI Number

205427223

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

Enesco Laurent

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

4851 NW 1st Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

☒ 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

REGISTERED AGENT MUST SIGN

Date

03/04/10

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	Francois J. Alexandre	4836 NW 1st Street	Plantation, FL, 33317
MGR	Enesco Laurent	4811 NW 1st Street	Plantation, FL, 33317
MGR	Victor Blanc	4851 NW 1st Street	Plantation, FL, 33317

JB

**REINSTATEMENT 2008-10**

11. E-mail Address: Fulltymcentertainment@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

Date

03/04/10

Daytime Phone #

954-459-5049

Typed or printed name of signing Managing Member/Manager