


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
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DOCUMENT # 206000114494

1. Limited Liability Company's Name

XYZ VIDEO, LLC

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

3142 S. SEMORAN BLVD

Suite, Apt. #, etc.

APT. 506

City & State

ORLANDO, FL

Zip

32822-1617

Country

USA

3. Mailing Office Address

3142 S. SEMORAN BLVD

Suite, Apt. #, etc.

APT. 506

City & State

ORLANDO, FL

Zip

32822-1617

Country

USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida NOVEMBER 30, 2006

6. FEI Number  
20 5954011

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

DEAN FRANKLIN MCDERMITT

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

3142 S. SEMORAN BLVD

Suite, Apt. #, Etc.

APT. 506

City

ORLANDO, FL

State

FL

Zip Code

32822

☒ 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

Date 9/29/2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| MGRM   | DEAN FRANKLIN MCDERMITT              | 3142 S. SEMORAN BLVD, APT.506                     | ORLANDO, FL,32822-1617 |
| MGRM   | RYAN ANDREW MCDERMITT                | 3142 S. SEMORAN BLVD, APT. 506                    | ORLANDO, FL,32822-1617 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINSTATEMENT-07-08

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

Date 09/29/2008

Daytime Phone# 407 497 2289

Typed or printed name of signing Managing Member/Manager RYAN ANDREW MCDERMITT

C.L.