

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100167767821
02/02/10--01013--003 **243.75

CR2E041 (10/08)

B 416.25

DOCUMENT # L07000009117

1. Limited Liability Company's Name

Act 2 Productions, LLC

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

16463 SW 28 Court

Suite, Apt. #, etc.

City & State

Miramar

Zip

33027

Country

USA

3. Mailing Office Address

16463 SW 28 Court

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 01/25/07

6. FEI Number

51-0617231

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

Andre Sartin

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

16463 SW 28 Court

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

☒ 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.

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02/17/10 01027 014 **172.50

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

Andre Sartin

REGISTERED AGENT MUST SIGN

Date

1-24-10

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	Andre Sartin	16463 SW 28 Court	Miramar, FL 33027
MGRM	Tammy Sartin	16463 SW 28 Court	Miramar, FL 33027

REINSTATEMENT 08-10

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

Andre Sartin

Date

1-24-10

Daytime Phone #

954-437-8088

Typed or printed name of signing Managing Member/Manager

Andre Sartin