

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 19 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400172549274
03/18/10--01038--024 **416.25
CR2E041 (11/09)

DOCUMENT # 607 006025227

1. Limited Liability Company's Name

Sean Corey Entertainment, LLC

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

2622 Michigan Ave.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip Country

33916 U.S.

3. Mailing Office Address

2622 Michigan Ave.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip Country

33916 U.S.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

03/06/07

6. FEI Number

061825444

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 Sean Corey

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

2622 Michigan Ave

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33916

☒ 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 march 15, 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
Mgr	Sean Corey	2622 Michigan Ave	Ft. Myers, FL 33916

11. E-mail Address: Sean@seancoreyentertainment.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

3-15-10

Daytime Phone

(239) 337-7464

Typed or printed name of signing Managing Member/Manager

SEAN F. COREY