

L07000041321

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000041321 *08/08*

1. Limited Liability Company's Name
Kick Rocks Productions, LLC

2. Principal Office Address - No P.O. Box # 19000 NW 27 Ave		3. Mailing Office Address 19000 NW 27 Ave	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103	
City & State Miami Gardens FL		City & State Miami Gardens FL	
Zip 33056	Country USA	Zip 33056	Country USA

8. Name and Address of Current Registered Agent

Name: SHENIKA PATTERSON

Street Address (P.O. Box Number is Not Acceptable)
19000 NW 27 Ave

Suite, Apt. #, etc.
103

City: MIAMI GARDENS State: FL Zip Code: 33056

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: *Shenika Patterson* Date: 03-03-09

REGISTERED AGENT MUST SIGN

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
MEMBER	SHENIKA PATTERSON	19000 NW 27 Ave #103	Miami Gardens FL 33056
MEMBER	KERRY PEART	4021 SW 58 Ave	Hollywood FL 33023

REINSTATEMENT Without Penalty

up 4/6/09 2008-2009

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: *Shenika Patterson* Date: 03-13-09 Daytime Phone #: 954-336-8153

Typed or printed name of signing Managing Member/Manager: SHENIKA PATTERSON

FILED

09 APR -6 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/13/09--01005--023 **282.50
CR2E041 (10/08)

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida
04-20-07

6. FEI Number
32-023282A

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

☒ 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.