

L07000048026

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF CORPORATIONS
10 FEB 25 PM 2:59

DOCUMENT # L07000048026

1. Limited Liability Company's Name

Stonecold Productions LLC

08

800170842218
03/01/10--01016--016 **416.25
CR2E041 (11/09)

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

1521 Altan Road

Suite, Apt. #, etc.

Suite 844

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Office Address

1521 Altan Road

Suite, Apt. #, etc.

Suite 844

City & State

Miami Beach FL

Zip

33139

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/4/07

6. FEI Number

20-8995183

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

Craig M. Deane, PA

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

407 Lincoln Road

Suite, Apt. #, Etc.

Penthouse Southeast

City

Miami Beach

State

FL

Zip Code

33139

☒ 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

[Signature]

Date 2/18/10

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
Mgrm	Sean Gibson	1521 Altan Road	Miami Beach FL 33139

REINSTATEMENT

2008-2010

11. E-mail Address:

(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

[Signature]

MGRM

Date

2-18-10

Daytime Phone #

3054962990

Typed or printed name of signing Managing Member/Manager