

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000056079

1. Limited Liability Company's Name

On 'Til Dawn Productions, LLC

800175025118
04/08/10--01050--015 **521.25

CR2E041 (11/09)

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

7081 S.W. 19th St

Suite, Apt. #, etc.

3. Mailing Office Address

7081 S.W. 19th St.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

City & State

Plantation, FL

Zip

33317

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

05/29/2007

6. FEI Number

20-0348532

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

Kevin Peters

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

7081 S.W. 19th St.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

☐ 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]

REGISTERED AGENT MUST SIGN

Date 3/17/2010

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
<u>mgrm</u>	<u>Michael Romero</u>	<u>7081 SW 19th St.</u>	<u>Plantation, FL 33317</u>
<u>mbrm</u>	<u>Anthony Mazzeo</u>	<u>6760 SW 12th St.</u> <u>621 SW 70th Ave</u>	<u>Pembroke Pines FL 33023</u> <u>Pembroke Pines FL 33023</u>
<u>Mgrm</u>	<u>Larry Beland</u>		
<u>MGRM</u>	<u>JULIO BURNANO</u>	<u>10073 SW 55 LANE</u>	<u>LOOPER CITY, FL 33328</u>
<u>MBR</u>	<u>Joshua Ajedha</u>	<u>919 W las olas</u>	<u>Ft Lauderdale, FL 33312</u>

REINSTATEMENT 2008-10

11. E-mail Address: ontildawn@gmail.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

[Signature]

Date 4/6/10

Daytime Phone # 954-881-6068

Typed or printed name of signing Managing Member/Manager Michael Romero