

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 STATE
DIVISION OF CORPORATIONS
09 OCT -6 PM 2:57

DOCUMENT # L07000097563

1. Limited Liability Company's Name

BROCATO ENTERTAINMENT, LLC

08

NPL

CR2E041 (10/08)

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

3825 Becontree Place

Suite, Apt. #, etc.

3. Mailing Office Address

3825 Becontree Place

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, FL

Zip

32765

Country

USA

Zip

32765

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9/24/2007

6. FEI Number

☒ 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

DONNA L. DRAVES

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

120 EAST CONCORD STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

☒ 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

Donna L. Draves

Date

10/5/09

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
Mgr	James Brocato	3825 Becontree Place	Orlando, FL 32765

REINSTATEMENT

2008-2009

000161383640
10/06/09 01005 012 **277.50

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

James Brocato

Date

10/5/09

Daytime Phone #

407-366-6252

Typed or printed name of signing Managing Member/Manager

James Brocato