

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000102481

1. Limited Liability Company's Name

PHARAOH FILMS L.L.C.

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

3200 FAIRLANE FARMS BLVD.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

UNITED STATES

3. Mailing Office Address

3200 FAIRLANE FARMS BLVD.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

Zip

33414

Country

UNITED STATES

4. State/Country of Formation

FLORIDA, UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida 10/08/2007

6. FEI Number

NONE

☐ 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

JAMES A. VASTARELLI

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

314 FAIRWAY N

Suite, Apt. #, Etc.

City

TEQUESTA

State

FL

Zip Code

33469

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 6-10-10

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"	JOHN PAGNAM	2675 5TH ST.	VERO BEACH, FL 32962

11. E-mail Address: JP@PHARAOHFILMS.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 06/07/2010

Daytime Phone # 772-215-0454

Typed or printed name of signing Managing Member/Manager JOHN A. PAGNAM

FILED

2010 JUN 15 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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