

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 1:09

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1. Limited Liability Company's Name

88's Entertainment, LLC

800280614408  
01/05/16--01012--022 \*\*238.75

CR2E041 (1/14)

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

2413 Black Lake Blvd

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

Country

34787 USA

3. Mailing Office Address

2413 Black Lake Blvd

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

Country

34787 USA

4. State/Country of Formation

FL/USA 11/26/2007

5. Date Organized or Qualified  
To Do Business in Florida

11/26/2007

6. FEI Number

80-0178006

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 LAYSON W.

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

2413 Black Lake Blvd

Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

James W. Layson

REGISTERED AGENT MUST SIGN

Date

12/30/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MFR</u>	<u>LAYSON, James W</u>	<u>2413 Black Lake Blvd</u>	<u>Winter Garden, FL</u> <u>34787</u>

11. E-mail Address: JCOFLRE@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

James W. Layson

Date

12-30-15

Daytime Phone #

502-794-8371