## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPAR Secretar DIVISION OF C	ry of S	State		FILED NOV 16 AM 8: 34 CAFTAKY OF STATE	
DOCUMENT # LO7000124908  1. Limited Liability Company's Name				TAL	CRETARY OF STATE LAHASSEE FLORI <b>DA</b>	
LA BIANCA PRODUCTIONS, LLC						
				ļ	CR2E041 (10/08)	
2. Principal Office Address No P.O. Box # 3. Mailing Office Addres			•		A State/Country of Formation	
1900 NONTH BAY SHONE SAME Suite, Apt. #, etc. Suite, Apt. #, etc.				4. State/Country of Formation  FLORIDA US		
2 10 6				5. Date Organized or Qualified To Do Business in Florida 12-18-2007		
City & State	City & State			6. FEI Number Applied For		
MIAMI, FL Zip Country				_	04606 Not Applicable	
33/32 Country	Zip	Coun	itry	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
Name CIAINTA IA RTANCA				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.		
CLAUDIA LA BIANCA Street Address (P.O. Box Number is Not Acceptable)						
1900 NONTHBAY VILLAGE						
Suite, Apt. #, Etc. 2/06						
City MIAMI		State Zip Code · FL 33132				
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 Chald' Carea					Date	
REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Mem	nbers/Managers	<del></del>		<del></del> -	1	
			Street Address of Each naging Member/Mana			
MGR CLAUDIA LA BIANCA 1900 NONTHBAY UZILAGE 2106 MIANI, FC 33132						
				= <u>=</u> i.	n162646053	
				11.709.	09 01069 007 **277.50	
REINSTATEMENT 0809 L. SELLERS						
TEINSTATEI	<del>VIEINI ~</del>	<u> </u>	<del></del>	NOV 1	7 2009	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided (prin shepter 608. F.S. ) further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company of my active the limited provided by the limited liability company have been paid. The information indicated on this application is type and application and the limited liability company have been paid. The information indicated on this application is type and application and the limited liability company have been paid. The information indicated on this application is type and application as if made under oath.						
Signature of Managing Member/Manager LeBiaca Date 11/4/09 Daytime Phone # 786 712 9220						
Typed or printed name of signing Managing Member/Manager CLAUDIA CA BIANCA						