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LIMITED LIABILITY REINSTATEMENT
PRIMETIME MARKETING LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$521.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L08000036155

1. Limited Liability Company's Name
Primetime Marketing LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Summit Ind. Park 147 Summit St.	Same
Suite, Apt. #, etc.: Unit #6	Suite, Apt. #, etc.
City & State: Peabody, MA	City & State
Zip: 01960 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 10, 2008

6. FEI Number: 26-2368898 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 So. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address:
mikeg@dinnerinthesky events.com
(To be used for future annual report notices)

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] SALVINA AMENTA-GRAY ASSISTANT SECRETARY Date: 12/8/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Michael Gallant	147 Summit St. Unit #6	Peabody, MA 01960
mgrm	Taj Jordan	6600 Industrial Loop	Greendale, WI 53129

REINSTATEMENT 09-11

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 608.508, 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 Managing Member/Manager: [signature] Date: 12-7-11 Daytime Phone #: 414) 308-3866

Typed or printed name of signing Managing Member/Manager: Taj Jordan

FL120 - 01/19/2011 CT System Online