


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

16 JUN 30 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000036155

1. Limited Liability Company's Name
 Prime Time ~~GROUP~~ Marketing LLC

2. Principal Office Address - No P.O. Box # 147 Summit Street Suite, Apt. #, etc. Building 6 City & State Peabody, MA Zip 01960 Country USA		3. Mailing Office Address 147 Summit Street Suite, Apt. #, etc. Building 6 City & State Peabody, MA Zip 01960 Country USA	
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CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 4/10/2008	
6. FEI Number 26-2368898	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
 CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) Suite,
 1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc.

City
 Plantation

State
 FL

Zip Code
 33324

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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 Nicole Chouinard Date 4/27/2016

REGISTERED AGENT MUST SIGN

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
	Taj Jordan, <i>member + manager</i>	147 Summit Street, Building 6	Peabody, MA 01960
	Michael Gallant, <i>member + manager</i>	147 Summit Street, Building 6	Peabody, MA 01960

REINSTATEMENT

2012-2013

11. E-mail Address: m.gallant@ppentertainmentgroup.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 [Signature] Date 4/27/16 Daytime Phone # 800-275-0185

Typed or printed name of signing authorized representative/member Michael Gallant, member and manager