

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 16 PM 5:05

FILING CANCELLED
RETURNED CHECK

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11/17/10--01001--015 **377.50

CR2E041 (05/10)

DOCUMENT # L08000063878

1. Limited Liability Company's Name

Hollyreel Production LLC

09

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

Holly Reel

Suite, Apt. #, etc.

Tenn St

City & State

Tallahassee, FL

Zip

32308

Country

Leon

3. Mailing Office Address

1100 E. TENN ST

Suite, Apt. #, etc.

Suite @1

City & State

Tallahassee, FL

Zip

32308

Country

Leon

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

7-1-2008

6. FEI Number

☒ 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 Robert Woolfork

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

317 E. Park Ave

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

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

Robert Woolfork

REGISTERED AGENT MUST SIGN

Date 10-16-10

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
<u>MG</u>	<u>Robert D. Powell</u>	<u>1100 E. TENN. ST. Suite @1</u>	<u>Tallc. FL 32308</u>
<u>MG</u>	<u>Emanuel Sapp</u>	<u>1100 E. TENN. ST. Suite @1</u>	<u>Tallc. FL 32308</u>
<u>MG</u>	<u>Nellie Roubert</u>	<u>P.O. Box 2460954</u>	<u>Montg. AL 36124</u>
REINSTATEMENT <u>2009-2010</u>			

11. E-mail Address

(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

Robert D. Powell

Date 10-16-10

Daytime Phone # (850) 765-0503

Typed or printed name of signing Managing Member/Manager