PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT -1 PM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L08000089071
69 Productions LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4533 Highway Avenue	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville,Florida	City & State
Zip: 32254 / Country: Duval	Zip / Country

4. State/Country of Formation: Florida / Duval

5. Date Organized or Qualified To Do Business in Florida: 9-18-2008

6. FEI Number: 900410541 ☐ 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: Gloria Martin

Street Address (P.O. Box Number is Not Acceptable): 4533 Highway Avenue

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32254

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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: Gloria Martin
REGISTERED AGENT MUST SIGN

Date: 9-28-14

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
MGR	Amit Kumar	4533 Highway Avenue	Jacksonville,Florida 32254
REINSTATEMENT 2014			OCT - 6 2014 L. SELLERS

11. E-mail Address: gloria.martin@marutitransit.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Amit Kumar Date: 9-28-14 Daytime Phone #: 9043871477

Typed or printed name of signing Authorized Representative/Manager: Amit Kumar