PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 DEC 12 PM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800215349148
12/20/11--01002--007 **516.25

CR2E041 (1/11)

DOCUMENT # L08000089173

1. Limited Liability Company's Name

Surefire Production, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 East Las Olas Blvd	401 East Las Olas Blvd
Suite, Apt. #, etc. Suite 130-560	Suite, Apt. #, etc. Suite 130-560
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33301 Country USA	Zip 33301 Country USA

4. State/Country of Formation USA

5. Date Organized or Qualified To Do Business in Florida 9/19/2008

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certified Copy

8. Name and Address of Current Registered Agent

Name: Vidal, Jefferson

Street Address (P.O. Box Number is Not Acceptable): 401 East Las Olas Blvd

Suite, Apt. #, Etc.: Suite 130-560

City: Fort Lauderdale, FL State: FL Zip Code: 33301

E-mail Address:

vidal.jay@gmail.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 _____ Date 12/15/11

REGISTERED AGENT MUST SIGN

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

REINSTATEMENT 2009-2011 SM

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 608.406, 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. 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 _____ Date 12/15/11 Daytime Phone # 954.394.1776

Typed or printed name of signing Managing Member/Manager Jefferson Vidal

G. MCLEOD

DEC 20 2011

EXAMINER