

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -9 AM 8:05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000107950

1. Limited Liability Company's Name

Rushtonaiter LLC

400162646044

11/10/09--01001--007 **238.75

CR2E041 (10/09)

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

C/O 15315 Magnolia Blvd

3. Mailing Office Address

C/O 15315 Magnolia Blvd

Suite, Apt. #, etc.

Suite 113

Suite, Apt. #, etc.

Suite 113

City & State

Sherman Oaks, CA

City & State

Sherman Oaks, CA

Zip

91403

Country

USA

Zip

91403

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida Nov 20, 2008

6. FEI Number

27-0427744

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

Corporate Access, Inc

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

236 E. 6th Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32315-7066

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement fee be waived.

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]

Date

11/9/09

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
ms	Steve Rushton	7280 Packwood Trail	Los Angeles, CA 90068

REINSTATEMENT 2009

11. E-mail Address: bma_jodee@sbcglobal.net

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

[Signature]

Date 11/06/2009

Daytime Phone # 818-380-0480

Typed or printed name of signing Managing Member/Manager