

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2011-2014		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

DOCUMENT #

1. Limited Liability Company's Name
**Ava Williams Entertainment LLC
L08000113463**

2. Principal Office Address - No P.O. Box # 27171 State Rd 64 East		3. Mailing Office Address 27171 State Rd 64 East	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Myakka City, FL		City & State Myakka City, FL	
Zip 34251	Country USA	Zip 34251	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
26-3869702

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 Eva Williams		
Street Address (P.O. Box Number is Not Acceptable) 27171 State Rd 64 East		
Suite, Apt. #, Etc.		
City Myakka City,	State FL	Zip Code 34251

000267821280
12/23/14--01037--001 **655.00

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 *Eva Williams*
REGISTERED AGENT MUST SIGN

Date **12-23-2014**

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
MEM	Eva Williams	27171 State Rd. 64 East	Myakka City, FL 34251

11. E-mail Address: **awilliamsagent@yahoo.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 *Eva Williams* Date **12-23-2014** Daytime Phone # **941-322-1893**

Typed or printed name of signing Authorized Representative/Manager **Eva Williams**

K. ASHTON