

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 FEB 16 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000036814

1. Limited Liability Company's Name

MIDWSHU Productions, LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
123 Jolly Roger Dr.

Suite, Apt. #, etc.

City & State
Key Largo

Zip 33037 Country USA

3. Mailing Office Address
123 Jolly Roger Drive

Suite, Apt. #, etc.

City & State
Key Largo

Zip 33037 Country USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
4/8/2010

6. FEI Number 27-2298563 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
Mitchell Owen Shulman

Street Address (P.O. Box Number is Not Acceptable)
123 Jolly Roger Drive

Suite, Apt. #, Etc.

City
Key Largo

State FL Zip Code 33037

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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
Mitchell O. Shulman
REGISTERED AGENT MUST SIGN

Date 2/9/2015

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
<u>MAN.</u>	<u>Mitchell Owen Shulman</u>	<u>123 Jolly Roger Dr.</u>	<u>Key Largo, FL, 33037</u>
	<u>↑ (self)</u>		

REINSTATEMENT
2011-2015

11. E-mail Address: goodtiming2@hotmail.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 Mitchell O. Shulman Date 2/9/15 Daytime Phone # 305 562 0338

Typed or printed name of signing Authorized Representative/Manager Mitchell O. Shulman