

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 15 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Ni-COLA ENTERTAINMENT, LLC

REINSTATEMENT

CR2E041 (1/11)

2011 JEN

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

6711 TIMBERCOVE LN.

Suite, Apt. #, etc.

3. Mailing Office Address

6711 TIMBERCOVE LN.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

USA

Zip

34653

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 9, 2011

6. FEI Number

90-0664709

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

NICOLA CUTI

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

6711 TIMBERCOVE LANE

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34653

E-mail Address:

700213364367

11/15/11--01003--013 **195.00

SPACE.OPERA@YAHOO.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

Nicola Cuti

Date 5 NOV 2011

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
CEO	NICOLA CUTI	6711 TIMBERCOVE LANE NEW PORT RICHEY, FL	NEW PORT RICHEY, FL 34653

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10/20/11--01004--012 **43.75

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

Nicola Cuti

Date 5 NOV 11

Daytime Phone # 727-847-9302

Typed or printed name of signing Managing Member/Manager