

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 MAR 28 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000126504

1. Limited Liability Company's Name
Celebrity Entertainment & Management, LLC

100308509421
02/20/18--01041--002 **12.15.00

2. Principal Office Address (No P.O. Box #) 115 West Peachtree Place		3. Mailing Office Address 333 Las Olas Way	
Suite, Apt. #, etc. Unit 506		Suite, Apt. #, etc. CU 4, Suite 402	
City & State Atlanta, GA		City & State Fort Lauderdale, FL	
Zip	Country	Zip	Country
30313	USA	33301	USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/09/2010	
6. FEI Number 27-4210693	<input type="checkbox"/> Pooled Fee <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$300 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
PMG Private CFO Services

Street Address (P.O. Box Number is Not Acceptable) State
333 Las Olas Way

Apt. #, etc.
CU 4, Suite 402

CITY	State	Zip Code
Fort Lauderdale	FL	33301

REI - 2011-2018

M. MILLIGAN
MAR 28 2018

9. I am being appointed the registered agent of the above named limited liability company, and hereby with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Aaron R. Wilson* DATE 2/16/2018
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Anthony R Wilson	115 West Peachtree Drive, Unit 506	Atlanta, GA 30213

11. E-mail Address: aaron@pmgcfo.com
(Use used for annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 806.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.

Signature of Authorized Representative/Member *Anthony R. Wilson* Date 2/16/18 Corporate Phone # 404 444-1107
Typed or printed name of signing authorized representative/member Anthony R. Wilson