PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 SEP 19 AM 8:20

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000052235

1. Limited Liability Company's Name
Ryan Productions, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5555 S. Kirkman Road	5555 S. Kirkman Road
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Orlando, FL	City & State Orlando, FL
Zip 32819 / Country USA	Zip 32819 / Country USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 8/10/11

6. FEI Number: 45-2974319 ☐ 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: Rashid A. Khatib
Street Address (P.O. Box Number is Not Acceptable): 5555 S. Kirkman Road
Suite, Apt. #, Etc.: Ste. 201
City: Orlando State: FL Zip Code: 32819

E-mail Address:
500251888505
09/19/13--01016--004 **377.50
marwanbishara@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 _____ Date 9/9/13
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
MGR	Marwan Bishara	5555 S. Kirkman Road, Ste. 201	Orlando, FL 32819

REINSTATEMENT
SEP 19 2013
R. HUNT
12-13

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 _____ Date 9/9/13 Daytime Phone # (202) 203-0352

Typed or printed name of signing Managing Member/Manager: Marwan Bishara

FAX No. 9406525499 P. 001/001