

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 AUG 30 AM 10:45

SECRETARY OF STATE
(AI) AUGUST 30 2016

DOCUMENT # L11000138251

1. Limited Liability Company's Name

VETTE TV PRODUCTIONS LLC

300289686723
08/30/16--01008--004 **\$60.00

CR2E041 (12/13)

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

2140 VICTORY GARDEN LANE. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

Country

32301

LEON

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

STANLEY J. KMET

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

2140 VICTORY GARDEN LANE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

ALPHA - OMEGA GROUP
@ JONO.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 605, F.S.

Signature of
Registered Agent

Stanley J. Kmet

Date 8/30/16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MLA	STANLEY J. KMET	2140 VICTORY GARDEN LANE	TALLAHASSEE FL 32301
MGR	KEN ROUSE	187 SUGAR PLUM DR.	TALLAHASSEE FL 32312

11. I certify that I am an authorized person 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 Chapter 605, 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
Authorized Person

Stanley J. Kmet

Date 8/30/16

Daytime Phone #

850 322-0322

Typed or printed name of signing Authorized Person: