PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 JUN 23 PM 2:59

DOCUMENT # L12000042476

1. Limited Liability Company's Name

power circle entertainment Group LLC

800300719578
06/23/17--01012--012 **500.00

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4705 Woodville Hwy	"
Suite, Apt. #, etc: 912	Suite, Apt. #, etc: "
City & State: Tallahassee	City & State: FL
Zip: 32305 Country:	Zip: 32305 Country: US

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 3/27/12

6. FEI Number: 45-4941230 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue Tallahassee, FL 32301

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address:
800300719578
06/23/17--01012--011 **155.00

Millingham.mark@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 605, F.S.

Signature of Registered Agent: Mark Date: 6/23/17

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
AP	Mark Millingham	4705 Woodville Hwy. Apt 912	Tallahassee, FL 32305
AP	Charlie Millingham	4705 Woodville Hwy. Apt 912	Tallahassee FL 32305
MGR	Jevon Mack	4705 Woodville Hwy 912	Tallahassee, FL 32305
AP	Jamal Smith	4705 Woodville Hwy 912	Tallahassee, FL 32305

REINSTATEMENT 2015 Fee

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: Date: 6/23/17 Daytime Phone #: 843 669 3691

Typed or printed name of signing Authorized Person: