

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT 30 PM 12:23

SUBMITTING OFFICE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000080772

1. Limited Liability Company's Name

Bailey's Entertainment Group LLC

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

668 Silver Birch Place

3. Mailing Office Address

P.O. Box 950721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Lake Mary, Florida

Zip

32750

Country

USA

Zip

32795-0721

Country

USA

8. Name and Address of Current Registered Agent

Name

Douglas B Bailey

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

668 Silver Birch Place

Apt. #, Etc.

City

Longwood, Florida

State

FL

Zip Code

32750

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6/18/2012

6. FEI Number

46-0738865

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

300278673863
10/30/15--01013--028 **243.75

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

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Douglas B Bailey	668 Silver Birch Place	Longwood, FL 32750

11. E-mail Address: Doug@baileyseg.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 requirement of section 605.0012, 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. 817.155, F.S.

Signature of authorized representative/member

Date

10/29/15

Daytime Phone #

(407) 617-2662

Typed or printed name of signing authorized representative/member

RE 11/6/15