LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L12000 122805

1. Limited Liability Company's Name

Signature of

Authorized Representative/Manager

尼斯 飛動

14 NOV -4 AM 8: 22

MEGRETARY OF STATE

East Hollywood Pictures LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 42328 Dogwood Ave Suite, Apt. #, etc. Suite, Apt. #, etc. City & State					CR2E041 (1/14) 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number Applied For		
Deland FL Delay			d. F.C. 46-10		50065	Applied For Not Applicable	
327	O LAKE	3272	O LAKE	7. CERTIFICATE O	OF STATUS DESIRED S5.00 Action a Co	dutional Fee required Certificate of Status	
	8. Name and Addres	s of Current Regi	stered Agent			-1	
Name Anthony J. James Street Address (Plo. Box Number is Not Acceptable) 42328 Dogwood Ave Suite, Apt. #, Etc. Doland City State Zip Code FL 32720				11704/14-01023-028 **147.50 900265538279 10/16/14-01023-028 **147.50 10/16/14-01023-012 238.75			
9. I, beir Signature Registere	ng appointed the registered agent of the of d Agent	hour	ed liability company, am familiar with ar	nd accept the oblig	ations of Chapter 605, F.S.	2014	
10. Nar	mes and Street Addresses of Authorized	Representatives/N					
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip		
Mr-	R- Anthony J. James		92328 Dogwood Ave		Deland, FL, 32720		
	RE	EINST	ATEMENT		NOV 0 4 2014		
					R. HUNT		
11, E-mail	Address: As Than You disease	9 Anthon	James GESTHOLL (To be used for future annual report notificat	lywood F	ictures.com		

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 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.