
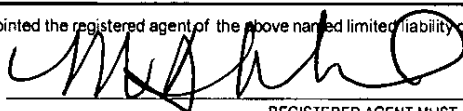
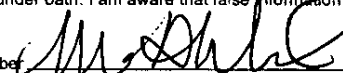


FORM 113  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 DEC 29 PM 4:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # <b>L14000196370</b>																													
1. Limited Liability Company's Name <b>Take Heed Films, LLC</b>																													
2. Principal Office Address - No P.O. Box # <b>129 Century Park Dr.</b>		3. Mailing Office Address <b>2855 Apalachee Pkwy</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Apt 6A</b>																											
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>																											
Zip <b>32304</b>	Country <b>USA</b>	Zip <b>32301</b>	Country <b>USA</b>																										
8. Name and Address of Current Registered Agent																													
Name <b>Malcolm Muhammad</b>																													
Street Address (P.O. Box Number is Not Acceptable) Suite <b>2855 Apalachee Pkwy</b>																													
Apt. #, Etc. <b>Apt 6A</b>																													
City <b>Tallahassee</b>		State <b>FL</b>	Zip Code <b>32301</b>																										
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 <b>12/29/2015</b>																									
REGISTERED AGENT MUST SIGN																													
10. Names and Street Addresses of Authorized Representatives/Managers																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Authorized Representatives/Managers</th><th>Street Address of Each Authorized Representative/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>AMBR</td><td>Jadaun Sweet</td><td>2016 Horncastle Dr.</td><td>Murfreesboro, TN, 37130</td></tr><tr><td>AMBR</td><td>Malcolm Muhammad</td><td>2855 Apalachee Pkwy</td><td>Tallahassee, FL, 32301</td></tr><tr><td colspan="4" style="text-align: center;"><b>REINSTATEMENT</b></td></tr><tr><td colspan="4" style="text-align: right;"><b>DEC 29 2015</b></td></tr><tr><td colspan="4" style="text-align: right;"><b>R. HUNT</b></td></tr></tbody></table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	AMBR	Jadaun Sweet	2016 Horncastle Dr.	Murfreesboro, TN, 37130	AMBR	Malcolm Muhammad	2855 Apalachee Pkwy	Tallahassee, FL, 32301	<b>REINSTATEMENT</b>				<b>DEC 29 2015</b>				<b>R. HUNT</b>			
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11. E-mail Address: <b>malcolmarmani@outlook.com</b>																													
(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 <b>12/29/2015</b> Daytime Phone # <b>734-890-2371</b>																											
Typed or printed name of signing authorized representative/member																													