

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 NOV - 8 PM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L15000166477**

1. Limited Liability Company's Name

**BREZZIN ENTERTAINMENT, LLC**

EMAIL ADDRESS: **SSALAZ@JOL.COM**

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

**109 TRISTA TERRACE CT**

Suite, Apt. #, etc.

City & State

**DESTIN, FL**

Zip

Country

**32541**

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

**USA  
FLORIDA / OKALOOSA COUNTY**

5. Date Organized or Qualified  
To Do Business in Florida

**Sept 30, 2015**

6. FEI Number

**47-5198235**

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

**CARLOS SALAZ**

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

**109 TRISTA TERRACE CT**

Apt. #, Etc.

City

**DESTIN**

State

**FL**

Zip Code

**32541**

**300291688763**

10/26/16--01021--007 \*\*\$5.00

**300291688763**

10/26/16--01021--006 \*\*\$38.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**10/24/2016**

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
<b>OWNER/MANAGER</b>	<b>CARLOS SALAZ</b>	<b>109 TRISTA TERRACE CT</b>	<b>DESTIN, FL 32541</b>

11. E-mail Address:

(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

*[Signature]*

Date

**10/24/2016**

Daytime Phone #

**850-499-1822**

Typed or printed name of signing authorized representative/member

**KE 11/1/16**