

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FOR THE DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 AM 10:25

DOCUMENT # L96000000665

1. Limited Liability Company's Name

Gainesville Entertainment, L.C.

10/14/99

2. Principal Office Address

32111 Mulholland Hwy

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Malibu CA

City & State

Zip

90265

Country

USA

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6/17/96

6. FEI Number

77-0432647

X 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

Florida Incorporators

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

1221 Brickell Avenue Suite 900

Suite, Apt. #, Etc.

400004341594-8

-06/05/01--01030--01

****250.00 ****250.00

City

Miami

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mark Hankins

Mark Hankins, President

Date 4/20/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager Member	Omega Alpha Investments Limited Partnership	18300 Van Korman Ave	Irvine, CA 92612
Manager Member	The Seidler Companies/Agura	18300 Van Korman Ave	Irvine, CA 92612
		100, Rein	
		99-50	
		00-50	
		01-50 = \$250.00	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of
Managing Member/Manager

William Ramon

Date 11/20/00

Daytime Phone #

949-261-0404

Typed or printed name of signing Managing Member/Manager

By: Omega Alpha Investments L.P., Managing Member
By: William Ramon, General Partner