

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L97000000283

1. Limited Liability Company's Name

SHOWTIME PICTURES-FLORIDA, L.C.

**REINSTATEMENT**

2000-2001

2. Principal Office Address

5722 S. Flamingo Road

3. Mailing Office Address

5722 S. Flamingo Road

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

Suite 309

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

March 7, 1997

6. FEI Number

74-2824156

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

Atrium Registered Agents, Inc.

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

1500 San Remo Ave.

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

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.

Atrium Registered Agents, Inc.

Signature of  
Registered Agent

By: Michael Rosenberg  
Michael Rosenberg, Vice President

Date

8-9-01

**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
MGR	Arin, A. Kemal	5722 S. Flamingo Rd., #309	Ft. Lauderdale, FL 33330

8-10-01

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

A. Kemal Arin

Date

8/7/01

Daytime Phone #

954.252.9591

Typed or printed name of signing Managing Member/Manager