

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED

99 DEC 30 PM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000661

1. Limited Liability Company's Name

Hittel, L.C.

2. Principal Office Address

2100 Ponce de Leon Blvd

Suite, Apt. #, etc.

1203

City & State

Coral Gables, FL

Zip

33134

Country

3. Mailing Office Address

2100 Ponce de Leon Blvd

Suite, Apt. #, etc.

1203

City & State

Coral Gables, FL

Zip

33134

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

JUNE 13, 1997

6. FEI Number

65-0795030

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Felix R. Castillo

400003096804

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

2100 Ponce de Leon Blvd

Suite, Apt. #, Etc.

1203

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

12/28/99

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
MSR	Global Entertainment Group	2100 Ponce de Leon Blvd #1203	Coral Gables, FL 331
MSR	Newmark Communications	400 South Victory Blvd. #300	Burbank, CA 91502

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

Date 12/28/99

Daytime Phone # 305 4420885

Typed or printed name of signing Managing Member/Manager

Felix R. Castillo