

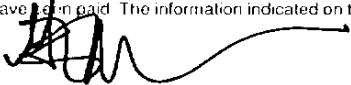


L970000001398

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		99 JAN 27 PM 1:28	
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>MSL Theming, L.C. 3324 West University Avenue, 133 Gainesville, Florida 32607</b>			DOCUMENT # <b>L97000001398</b>		
1a. Principal Place of Business Address <b>3324 West University Avenue, 133 Gainesville, Florida 32607</b>					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>12/10/1997</b> 3a. State of Formation <b>FL</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				4. FEI Number 5. Date of Last Report 6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>Boone, Sam W. Jr 1330 NW 6th Street, Suite C Gainesville, Florida 32601</b>			8. Name and Address of New Registered Agent Name <b>Gary Miner</b> Street Address (P.O. Box Number is Not Acceptable) <b>3324 West University Avenue</b> Suite, Apt. #, etc. <b>133</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>		
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  Date <b>22 Jan 99</b>					
10. Title	Managing Members/Managers	Business Street Address		City, State & Zip Code	
<b>MGRM</b> <b>MGRM</b>	<b>Miner, Gary</b> <b>Long, Dan</b>	<b>3324 West University Avenue, 133</b> <b>6461 SE CR 234</b>		<b>Gainesville, Florida 32607</b> <b>Gainesville, Florida 32641</b>	
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 <b>22 Jan 99</b> Daytime Phone # <b>352.378.0520</b> Typed or printed name of signing Managing Member/Manager <b>Gary Miner</b>					

REINSTATEMENT 1998

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