

C97000001442

PLEASE PRINT FULL NAME AND ADDRESS OF COMPANY BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

03 MAY -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C97000001442
1. Limited Liability Company's Name
Ground Productions, L.C.

300019679723
05/21/03--01049--002 **200.00

2. Principal Office Address 3951 N. Ocean Blvd Suite, Apt. #, etc. Apt. 602 City & State Gulfstream, FL Zip 33483		3. Mailing Office Address 3951 N. Ocean Blvd Suite, Apt. #, etc. Apt. 602 City & State Gulfstream, FL Zip 33483		4. State/Country of Formation Florida, USA	
				5. Date Organized or Qualified To Do Business in Florida 12/26/1997	
				6. FEI Number 593510394	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee Required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Ashlee Cramer
 Street Address (P.O. Box Number is Not Acceptable): 3951 N. Ocean Blvd
 Suite, Apt. #, Etc.: Apt. 602
 City: Gulfstream
 State: FL Zip Code: 33483

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: Ashlee Cramer
 Date: 4/29/03
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John Irwin	2840 Cynthia Lane	Lake Worth, FL 33461
MGRM	Patrice Cramer	3951 N. Ocean Blvd.	Gulfstream, FL 33483
MGRM	Ashlee Cramer	3951 N. Ocean Blvd.	Gulfstream, FL 33483
MGRM	Ashlee Cramer	3951 N. Ocean Blvd.	Gulfstream, FL 33483

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: Ashlee Cramer
 Date: 4/29/03 Daytime Phone #: 514 886 7256
 Typed or printed name of signing Managing Member/Manager: Ashlee Cramer

CR2004 10/02