

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L98000002825

1. Limited Liability Company's Name

US..Events, LLC

608-12173

2. Principal Office Address - No P.O. Box #

312 Greenbrier A

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33417

Country

Palm Beach

3. Mailing Office Address

312 Greenbrier A

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33417

Country

Palm Beach

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0876961

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

Steve Wagmeister

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

312 Greenbrier A

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33417

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

Date

2/27/2008

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
MGR	Steve Wagmeister	312 Greenbrier A	West Palm Beach, FL 33417
MGR	Carol Wagmeister	312 Greenbrier A	West Palm Beach, FL 33417
			900119397349 03/27/08--01040--001 **93.75
			900119397349 03/05/08--01003--018 **605.00
		REINSTATEMENT	
		W/O 04-08	

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

[Signature]

Date

2/27/2008

Daytime Phone #

561-215-0095

Typed or printed name of signing Managing Member/Manager