

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -1 AM 8:27

DOCUMENT # L99000001166

1. Limited Liability Company's Name

EMPIRE ENTERTAINMENT GROUP, L.C.

2. Principal Office Address

23381 LAGO MAR CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

23381 LAGO MAR CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

3-2-99

6. FEI Number

65-0898348

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

VASILIOS KOUTSOGIANNIS

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

23381 LAGO MAR CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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 1-27-05

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	VASILIOS KOUTSOGIANNIS	23381 LAGO MAR CIRCLE	BOCA RATON FL 33433

11. I certify that I am managing member/partner 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 1-27-05 Daytime Phone # 561-703-1611

Typed or printed name of signing Managing Member/Manager VASILIOS KOUTSOGIANNIS

CR2E041 (10/02)