

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  
00 DEC 26 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

DOCUMENT #

L99-2150

1. Limited Liability Company's Name

L99000002150

Unity Event management, LLC

2. Principal Office Address

8140 Cleary Blvd

Suite, Apt. #, etc.

1416

City & State

Fort Lauderdale FL

Zip

33324

Country

USA

3. Mailing Office Address

8140 Cleary Blvd

Suite, Apt. #, etc.

1416

City & State

Fort Lauderdale FL

Zip

33324

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida

4/12/99

6. FEI Number

65-0912576

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

Albert Tucker

800003524438-5

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

8140 Cleary Blvd

-01705701-01018-013

\*\*\*155.00 \*\*\*155.00

Suite, Apt. #, Etc.

Suite 1416

City

Fort Lauderdale

State

FL

Zip Code

33324

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

Albert Tucker

Date 12/20/00

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	Albert Tucker	8140 Cleary Blvd #1416	Fort Lauderdale FL 33324

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

Albert Tucker

Date 12/20/00

Daytime Phone # 954 382-1121

Typed or printed name of signing Managing Member/Manager

Albert Tucker

CR2E04 (9/99)