

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

DOCUMENT #

LC99-3044

1. Limited Liability Company's Name

SPIN PICTURES, LLC

2. Principal Office Address

611 BARCELONA

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32501

Country

USA

3. Mailing Office Address

P.O. Box 68

Suite, Apt. #, etc.

PENSACOLA,

City & State

FLORIDA

Zip

32591

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

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

C. RAY JONES

Name

611 BARCELONA

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

Suite, Apt. #, Etc.

PENSACOLA,

City

FLORIDA

State
FL

Zip Code

32501

000003458140-5

-11/09/00--01020--023

****155.00 ****155.00

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

Michael Twigg

REGISTERED AGENT MUST SIGN

Date 10/10/00

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
CEO	Michael Twigg	1624 Tomlinson Road	Pensacola, FL 32526
Pres.	Brian Meece	5121 Stevendale	Pensacola, FL 32526
CFO	C. Ray Jones	611 Barcelona	Pensacola, FL 32501

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

Michael N. Twigg

Date

10/10/00

Daytime Phone

(850) 433-7727

Typed or printed name of signing Managing Member/Manager

Michael N. Twigg