

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  
 01 FEB -8 PM 2:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000006994

1. Limited Liability Company's Name  
TERRA NOVA Films

2. Principal Office Address  
2640 RAEFORD RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State

Zip  
32806

Country  
US

Zip

Country

4. State/Country of Formation  
FL / US

5. Date Organized or Qualified To Do Business in Florida  
10/99

6. FEI Number  
59-3609624

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  
ADAM NEAL GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)  
2640 RAEFORD RD

Suite, Apt. #, Etc.

100003742851  
 -02/20/01--01044--023  
 \*\*\*\*200-00 \*\*\*\*200-00

City  
Orlando

State  
FL

Zip Code  
32806

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]

REGISTERED AGENT MUST SIGN

Date 1/5/01

**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
	<u>ADAM NEAL GONZALEZ</u>	<u>2640 RAEFORD RD</u>	<u>Orlando FL 32806</u>

**REINSTATEMENT** 00.01  
cls

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 1/5/01

Daytime Phone # (407) 592-1722

Typed or printed name of signing Managing Member/Manager

(407) 540-1991

CR2E041 (9/99)