

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 JAN 16 PM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

DOC #L99000007743

LOLO ENTERTAINMENT GROUP, L.L.C.

**REINSTATEMENT** 2000-01

2. Principal Office Address  
247 23rd St.

3. Mailing Office Address  
247 23rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip  
33139

Country  
U.S.A.

Zip  
33139

Country  
U.S.A.

4. State/Country of Formation  
Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida  
November 15, 1999

6. FEI Number  
5903609664

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

Ian M. Berkowitz, Esq.

100003603011--1

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

21041 Shady Vista Lane

01/30/01--01138--104  
\*\*\*200.00 \*\*\*200.00

Suite, Apt. #, Etc.

City

Boca Raton,

State  
**FL**

Zip Code  
33428

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

*Ian M. Berkowitz*

Date 12-29-2000

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
MRGM	David Bick	247 23rd St.	Miami Beach, FL 33139
MGR	Ditmar Bick	247 23rd St.	Miami Beach, FL 33139

11. I certify that I am managing member/manager of 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

*Ditmar Bick*  
Ditmar Bick

Date 12/21/00

Daytime Phone # (305) 695-8894

Typed or printed name of signing Managing Member/Manager