

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

01 MAY -9 PM 2:10

DOCUMENT # **L99000007924**

1. Limited Liability Company's Name

ARENA ENTERTAINMENT, LLC

9/29/00

2. Principal Office Address

600 West Amelia St.

3. Mailing Office Address

600 West Amelia St.

Suite, Apt. #, etc.

I MAGIC Place

Suite, Apt. #, etc.

I MAGIC Place

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

November 6, 1999

6. FEI Number

59-3673458

☒ 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

Michael A.U. O'Quinn

200004301882-7

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

28 West Central Blvd.

05/23/01-01036-018

******205.00 ****205.00**

Suite, Apt. #, Etc.

Fourth Floor

City

Orlando, FL

32801

State

FL

Zip Code

32801

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 **11.29.00**

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
MGRM	Rick Murdoch	3225 W. orange CE Dr. Winter Garden, FL 32787	Winter Garden, FL, 34787

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 **11/29/00**

Daytime Phone #

407 649-3390

Typed or printed name of signing Managing Member/Manager

Rick Murdoch