

# L99000007924

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 MAR 25 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000007924**

**1. Limited Liability Company's Name**

Arena Entertainment, LLC

**2. Principal Office Address**

9009 Balmoral Mews Square

Suite, Apt. #, etc.

City & State

Windermere, Florida

Zip

34786

Country

USA

**3. Mailing Office Address**

9009 Balmoral Mews Square

Suite, Apt. #, etc.

City & State

Windermere, Florida

Zip

34786

Country

USA

**4. State/Country of Formation**

Florida

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

11/17/1999

**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 Shvartsman

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

9009 Balmoral Mews Square

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

**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

REGISTERED AGENT MUST SIGN

Date

2/18/2003

**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	Michael Shvartsman	9009 Balmoral Mews Square	Windermere, FL 34786
MGRM	Michael McHale	6205 Great Water Drive	Windermere, FL 34786

**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

Date

2/18/2003

Daytime Phone# (407)650-3317

Typed or printed name of signing Managing Member/Manager **Michael Shvartsman**

CR2E041 (10/02)