

ORIGINAL

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 DEC 18 AM 10:18

DOCUMENT #

L99-8920

1. Limited Liability Company's Name

High Hopes Production, LLC

2. Principal Office Address

1102 Washington Street

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12/14/99

6. FEI Number

65-0964817

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

Richard T. Lewis

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

1102 Washington Street

Suite, Apt. #, Etc.

City

Key West

State FL

Zip Code 33040

400004724204-7  
-12/20/01--01044-020  
\*\*\*150.00 \*\*\* 50.00

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

*Richard T. Lewis*

Date

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
MGR	Richard T. Lewis, MGR	1102 Washington Street	Key West, FL 33040
MGR	Susan E. DeRose, MGR	1102 Washington Street	Key West, FL 33040
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<b>REINSTATEMENT 2001</b>			

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

*Richard T. Lewis*

Date

11/7/01

Daytime Phone #

404-262-3130

Typed or printed name of signing Managing Member/Manager

CR02041 (9/00)