

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

APPLICATION FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M00000002429

Name and Mailing Address

02 DEC 11 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008317 01 FP 0.352 **PRST T5 0 0615 78209-832800

RADIO CITY CHRISTMAS SPECTACULAR TOURING, LLC

200 E. BASSE RD.

SAN ANTONIO TX 78209-8328



2. New Mailing Address

220 West 42nd Street

City, State, Zip

New York, NY 10036

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

11/29/2000

Principal Place of Business

200 E. BASSE RD.
SAN ANTONIO TX 78209

3. New Principal Place of Business Address

220 West 42nd Street

City, State, Zip

New York, NY 10036

6. FEI Number

13-4104204

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Tallahassee, Florida 32301

City

FL

Zip Code
32301

10. 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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date DEC 11, 2002

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	SFX FAMILY ENTERTAINMENT, INC.	220 WEST 42ND ST.	NEW YORK NY 10036

8000009466918

REINSTATEMENT

2002

12/11/02

12. 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

Dale Head-EVP

Date 12/ 2 /02 Daytime Phone # 917-421-5773

Typed or printed name of signing Managing Member/Manager Dale Head-EVP, Gen'l Counsel & Secretary of the Sole Member

CR2E084 (8/02)

202



ACCOUNT NO. : 072100000032

REFERENCE : 850541 4375356

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : December 10, 2002

ORDER TIME : 10:30 AM

ORDER NO. : 850541-005

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lyng
Sfx Entertainment, Inc.
220 West 42nd Street
New York, NY 10036

RECEIVED
02 DEC 11 AM 11:41
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: RADIO CITY CHRISTMAS
SPECTACULAR TOURING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____