

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:04

1. DOCUMENT # M02000001018

Name and Mailing Address

0006622 01 AT 0.292 **AUTO T5 0 0615 33154-128061
REBELLION PICTURES, LLC
10180 WEST BAY HARBOR ISLAND, STE. 6A
BAY HARBOR ISLAND FL 33154-1280



2. New Mailing Address <i>Greenwich Studios</i> <i>12100 NE 16th Ave, Suite #203</i>		4. State/Country of Formation NY	
City, State, Zip <i>N. Miami, FL, 33161</i>		5. Date Organized or Qualified To Do Business in Florida 04/19/2002	
Principal Place of Business 10180 WEST BAY HARBOR ISLAND, STE. 6A BAY HARBOR ISLAND FL 33154	3. New Principal Place of Business Address <i>12100 NE 16th Ave #203</i> City, State, Zip <i>N. Miami, FL, 33161</i>	6. FEI Number 13-4056477	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent HAMMEL, ADAM 10180 WEST BAY HARBOR ISLAND, STE. 6A BAY HARBOR ISLAND FL 33154		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Adam Hammel</i> SIGNATURE REQUIRED Date <i>10/20/03</i> 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
MGR	HAMMEL, ADAM	154 EAST 28TH ST.	NEW YORK NY 10018
			100024527371 11/10/03--01001--008 **150.00
			100024527371 11/10/03--01001--009 **5.00
REINSTATEMENT <i>OB cus</i> <i>dec</i>			
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 <i>Adam Hammel</i> SIGNATURE REQUIRED Date <i>10/20/03</i> Daytime Phone # <i>305-895-3737</i> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)