

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # M02000002775

Name and Mailing Address

0014527 01 AT 0.292 **AUTO T2 0 0615 34109-781925



FEDERATION OF SOUND GLOBAL ENTERTAINMENT, L.L.C.
6725 AUTUMN WOODS BLVD.
NAPLES FL 34109-7819

DEC 29 AM 10:30

1/8/04

REINSTATEMENT 2003



2. New Mailing Address 3247 Lakeview Drive City, State, Zip Naples, FL 34112		4. State/Country of Formation DE	
Principal Place of Business 6725 AUTUMN WOODS BLVD. NAPLES FL 34109		5. Date Organized or Qualified To Do Business in Florida 10/21/2002	
3. New Principal Place of Business Address 3247 Lakeview Drive City, State, Zip Naples, FL 34112		6. FEI Number 32-0031262 Applied For Not Applicable	
8. Name and Address of Current Registered Agent LOWELL, LANA L 6725 AUTUMN WOODS BLVD. NAPLES FL 34109		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Lowell, Lana L. Street Address (P.O. Box Number is Not Acceptable) 3247 Lakeview Drive City Naples State FL Zip Code 34112			
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 <u>Lana L. Lowell</u> SIGNATURE REQUIRED Date <u>12/24/03</u> 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
MGRM	MCLAUGHLIN, DENNIS J	6725 AUTUMN WOODS BLVD. 3247 Lakeview Drive	NAPLES FL 34109 34112
			100025813781 12/29/03--01050--022 **150.00
REINSTATEMENT 2003			

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 Dennis J. McLaughlin **SIGNATURE REQUIRED** Date 12/24/03 Daytime Phone: (239) 430-0737
Typed or printed name of signing Managing Member/Manager Dennis J. McLaughlin