

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 NOV 48 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000749

1. Limited Liability Company's Name

MAGNOLIA ENTERTAINMENT, L.L.C.

REINSTATEMENT

2005

CR2E041 (8/05)

2. Principal Office Address

900 N. Broadway

Suite, Apt. #, etc.

3. Mailing Office Address

900 N. Broadway

Suite, Apt. #, etc.

City & State

Oklahoma City, OK

City & State

Oklahoma City, OK

Zip

73102

Country

USA

Zip

73102

Country

USA

4. State/Country of Formation

Oklahoma / USA

5. Date Organized or Qualified  
To Do Business in Florida

03/05/2003

6. FEL Number

810582485

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

Brian Murphy

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

2525 East Colonial Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

*Brian Murphy*

REGISTERED AGENT MUST SIGN

Date

11-17-05

**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	Christopher M. Salyer	722 N. Broadway	Oklahoma City OK 73102
Mgr	Wesley A. Aikens	2123 Easy Street, Suite C	Snellville GA 30078

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

*Christopher M. Salyer*

Date 11-15-2005

Daytime Phone # 405-236-8742 x212

Typed or printed name of signing Managing Member/Manager

Christopher M. Salyer, Manager