

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 MAR 17 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05000006802

1. Limited Liability Company's Name

Big Apple Entertainment Management LLC

2. Principal Office Address - No P.O. Box #

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 2660

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 2660

City & State

Miami, FL

Zip

33131

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

August 31, 2005

6. FEI Number

20-3552706

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

NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

000257923750  
03/18/14--01001--013 \*\*798.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Michele Holden, Asst. Sec.

Date 03/17/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MM	Carni Development Group LLC	1221 Brickell Avenue, Suite 2660	Miami, FL 33131

REINSTATEMENT 2010-2014

MAR 17 2014

L. SELLERS

11. E-mail Address: adeionqh@1848capital.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 3/17/2014

Daytime Phone # (786) 662-3681

Typed or printed name of signing Authorized Representative/Manager

John J. Sicilian