

From:

09/29/2016 14:25 #175 P.002/004

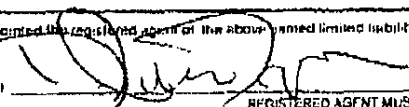
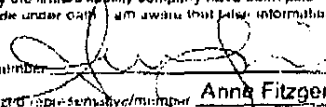
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2016 SEP 29 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000004001 1 Limited Liability Company's Name Brady Starburst, LLC			
2 Principal Office Address - No P.O. Box # 2708 Yorkmont Road Suite, Apt. #, etc.		3 Mailing Office Address 1303 Yonge Street Suite, Apt. #, etc.	
City & State Charlotte, North Carolina		City & State Toronto, Ontario	
Zip 28208	Country USA	Zip M4T2Y9	Country Canada
4 State/Country of Formation North Carolina, USA			
5 Date Organized or Qualified To Do Business in Florida May 28, 2015			
6 FIC Number 47-3250518		Applied For ☐ Not Applicable	
7 CERTIFICATE OF STATUS DES RSE ☐ \$35.00 Additional Fee required for a certificate of status			
8 Name and Address of Current Registered Agent Name Paul Dietrich Street Address (P.O. Box Number is Not Acceptable) State 1031 West Morse Blvd Apt. #, Etc. Suite 350 City Winter Park State FL Zip Code 32789			
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  Date 9/28/16 REGISTERED AGENT MUST SIGN			
10 Names and Street Addresses of Authorized Representative/Managers Title Name of Authorized Representative/Manager Street Address of Each Authorized Representative/Manager City, State, Zip Please refer to the attached page.			
REINSTATEMENT SEP 29 2016 R. HUNT			
11 E-mail Address joe.mccullagh@cineplex.com			
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 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in 817.105 F.S. Signature of authorized representative/member  Date 09/28/16 Daytime Phone # 416-323-7274 Typed or printed name of signing authorized representative/member Anna Fitzgerald			

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From:

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Name and Street Addresses of Authorized Managers

Jon Brady 2708 Yorkmont Road Charlotte, NC 28208

George Sautter 13024 Water Point Blvd., Windermere, FL 34786

Christopher Allen 12236 Sunset Park Way, Los Angeles, CA 90064

Anne Fitzgerald 287 Richmond St. E., Unit 104, Toronto, ON, Canada M5A 1P2

Joe McCullagh 116 Resurrection Rd., Etobicoke, ON, Canada, M9ASH1

Paul Nonis 411 Rustic Road North York ON, Canada M6L 1W8

James Smiley 2708 Yorkmont Road Charlotte, NC 28208

SEP 29 2016

R. HUNT

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From:

09/29/2016 14:24

#175 P.001/004

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Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
BRADY STARBURST LLC**

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SEP 29 2016

R. HUNT

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