

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 26, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT #

1. Limited Liability Company's Name

R.C.P. Entertainment, LLC

M47000000403

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2. Principal Office Address

1211 Wheaton Ct.

Suite, Apt. #, etc.

City & State

Lady Lake, FL

Zip

32162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Michigan

5. Date Organized or Qualified  
To Do Business in Florida

7/9/1997

6. FEI Number 38-3346219

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

Judith E. Demerou

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

1211 Wheaton Court

Suite, Apt. #, Etc.

City

Lady Lake

State

FL

Zip Code

32162

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

Judith E. Demerou

REGISTERED AGENT MUST SIGN

Date

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
MM	Judith Demerou	1211 Wheaton Ct	Lady Lake FL 32162
Mem	Scott Demerou	8142 Tibet Butler Dr	Windermere FL 34786
Mem	Jule Demerou	8142 Tibet Butler Dr	Windermere FL 34786
<b>REINSTATEMENT</b> 2000-2004 300040697473 08/31/04--01056--009 **350.00			

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 608.408, 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

Judith E. Demerou

Date 8-26-04 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Judith E. Demerou