

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 12:04

DOCUMENT # M98000001459

Limited Liability Company's Name

LWS ENTERTAINMENT SERVICES LLC

Principal Office Address 400 CYPRESS CREEK BOULEVARD Suite, Apt. #, etc. 107 City & State FORT LAUDERDALE Country USA Zip 33309		3. Mailing Office Address Suite, Apt. #, etc. City & State City Country Zip Country		4. State/Country of Formation DELAWARE 5. Date Organized or Qualified To Do Business in Florida 12/08/98 6. FEI Number 65-0870211 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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8. Name and Address of Current Registered Agent

Name LEONARD K. SAMUELS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 350 E. LAS OLAS BLVD. Suite, Apt. #, Etc. SUITE 1000 City FORT LAUDERDALE		State FL Zip Code 33301	
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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 _____ Date 5/21/00
REGISTERED AGENT MUST SIGN

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	C. LEO SMITH	2400 CYPRESS CREEK BLVD. #107	FORT LAUDERDALE, FL 33309

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 _____ Date 5/18/00 Daytime Phone # 954-984-4800
Typed or printed name of signing Managing Member/Manager C. LEO SMITH, MGR