

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

01 OCT 16 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001554

1. Limited Liability Company's Name

Medalist Entertainment LLC

2. Principal Office Address

1330 Ave of the Americas

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10019

Country

US

3. Mailing Office Address

4250 Coral Ridge Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

10/4/99

6. FEI Number

65-0951432

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

Corporation Service Company

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

1201 N. Bay Street

Suite, Apt. #, Etc.

City

Tallahassee

100004650251

10/23/01 01853 024

\*\*\*\*200.00 \*\*\*\*200.00

State

FL

Zip Code

32301-2525

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

*[Signature]*  
as its agent  
BRIAN COURTNEY, ASST. V.P.

Date

9/29/01

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	FX Entertainment Holdings	1330 Ave of the Americas	New York, NY 10019
MGR	DOD Ventures, Inc	4250 Coral Ridge Dr	Coral Springs, FL 33065

REINSTATEMENT

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

9/18/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

George Campagna

CR2041 (9/00)