| FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.   |   |  |
|---|---|--|
| APPLICATION FOR REINSTATEMENT   | FLORIDA DEPARTMENT OF S'<br>Sandra B. Mortham<br>Secretary of State | TATE   |
|   | DIVISION OF CORPORATIONS  | FILED  |
| DOCUMENT #7930000   | 224049  |  |
| Limelight Entertainment Inc.  |   | 98 APR 13 PM 3:41  |
| Lineng  |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA                      |
| Principal Place of Business   | Mailing Address   | WILLIAMOLL! I LURIUA   |
|   | •   |  |
|   |   |  |
| If above addresses are incorrect in any way, line thro  | auch incorrect information and enter correction he                  | REINSTATEMENTOU-98   |
| 2. New Principal Office Address, If Applicable  | 8. New Mailing Office Address, If Applicable                        | Date Incorporated or Qualified     To Do Business in Florida |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | 3-30-93  |
| Suite 314<br>City & State   | City & State  | 59-3502696 Applied For Not Applicable                        |
| Brandon + 1.  | Zip Country   | 6. \$8.75 Additional Fee required                            |
| 33311 1711/SD010094   |   | Tot a Certificate of Status                                  |
| 7. Names and Street Addresses of Each Officer and/o   | Street Address  | of Each  |
| Title(s) and/or Directors   | Officer and/or [<br>3 (Do NOT Use Post Offic                        | Director City / State / Zip e Box Numbers) 4                 |
| 75/0 Christopher C Pell   | 0 813 E Blooming do   | ale Au #14 Brandon Fl. 33511                                 |
|   |   | Sculiology   |
|   |   | (73 4110 6   |
|   |   |  |
|   |   | 300002489823;;; 8  |
|   |   | -04715798 -01072 -011  |
|   |   | ***1368.75 ***1368.75  |
|   |   |  |
| 8. Name and Address of Current F  | Registered Agent  | 9. Name and Address of New Registered Agent                  |
| Name Christopher C Pello  |   |  |
| ,<br>P  |   | ress (P.O. Box Number is Not Acceptable)                     |
| Suite, Apt. #. Etc.,  |   |  |
| 4   | City  | Suite 314   State Zip Code                                   |
| 10. I, being appointed the registeres agent of the above named constration, am familiar with and accept the obligations of Section 607.0505, F.S.   |   |  |
|   |   |  |
| Signature of Registered Agent Listoph Listoph REGISTERED AGENT MUST SIGN  Date 4-7-98   |   |  |
| 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)  |   |  |
| 12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No Intangible tax.)   |   |  |
| 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I re-  |   |  |
| lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I of their certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all less owed by the corporation 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 |   |  |
| SIGNATURE: / SISTER CARLOS 4-7.98   |   |  |