PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB -3 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06 0000 21950

CR2E041 (10/08)

1. Limited Liability Company's Name

Retrospect Music, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
20803 Biscayne Blvd.		20803 Biscayne Blvd.	
Suite, Apt. #, etc 101		Suite, Apt. #, etc. 101	
City & State Aventura		City & State Aventura	
Zip 33180	Country USA	Zip FL	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 2/28/06

6. FEI Number
260438911
☐ 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
Adam Bursztein

Street Address (P.O. Box Number is Not Acceptable)
20803 Biscayne Blvd.

Suite, Apt. #, Etc.
101

City	State	Zip Code
Aventura	FL	33180

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 X Adam Bursztein Date _____
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
MGRM	Zeferiah Gonzalez	20803 Biscayne Blvd. #101	Aventura, FL 33180
MGRM	Magdiel Guillemi	20803 Biscayne Blvd. #101	Aventura, FL 33180
MGRM	Adam Bursztein	20803 Biscayne Blvd. #101	Aventura, FL 33180
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	REINSTATEMENT 07-09		

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 X Adam Bursztein Date 1/24/09 Daytime Phone # 954 355 4097 556

Typed or printed name of signing Managing Member/Manager Adam Bursztein