

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022193

1. Limited Liability Company's Name

HEARTBEAT OF THE CARIBBEAN, LLC

FILED

2004 JUL -6 PM 12: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

5397 Orange Drive

3. Mailing Office Address

Same as principal address

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Zip

33314

Country

USA

Zip

Country

4. State/Country of Formation

Florida/U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

August 27, 2002

6. FEI Number

54-2074126

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

Winsome Charlton

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

5397 Orange Drive

Suite, Apt. #, Etc.

Suite 205

City

Davie

State

FL

Zip Code

33314

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

REGISTERED AGENT MUST SIGN

REINSTATEMENT
Date 6/28/04

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	Anthony Blair	5397 Orange Drive	Davie, Florida 33314
Mgr	Winsome Charlton	5397 Orange Drive	Davie, Florida 33314
No penalty due.			

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 6/28/04

Daytime Phone# 954-321-0882

Typed or printed name of signing Managing Member/Manager Winsome Charlton

June 28, 2004

Ms. Diane Cushing
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Heartbeat of the Caribbean, LLC

Dear Ms. Cushing:

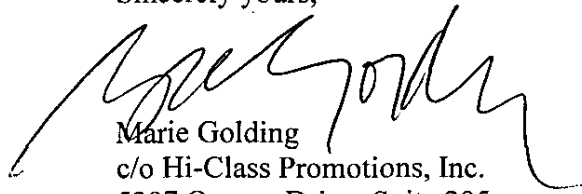
Pursuant to our telephone conversation on Wednesday, June 23, 2004, I have enclosed herewith a fully executed Reinstatement form for the above referenced Limited Liability Company. Please note that the FEI number has been inserted in item 6, and that the names and street addresses of the managing members and managers have been noted in item 10 of the reinstatement form.

You have advised me that there are no funds due with respect to this type of reinstatement.

You indicated to me that you had received \$100.00 with respect to the 2003 filing of the annual report, and that you would use the additional \$50.00 towards the filing fee for the 2004 Annual Report. If the information you obtained from your system is incorrect, please advise me

Thanks for your help in clearing up this matter.

Sincerely yours,



Marie Golding
c/o Hi-Class Promotions, Inc.
5397 Orange Drive, Suite 205
Davie, Florida 33314