

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000057943

1. Limited Liability Company's Name

After Bridge Recording LLC

2. Principal Office Address - No P.O. Box #

6282 Blakelord Dr.

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

3. Mailing Office Address

c/o London & Co., LLP
2800 Olympic Blvd. 2nd Floor
Santa Monica, CA 90404
310-478-5151

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6-1-07

6. FEI Number

26 076 3073

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

T. Scott Phillips

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

6282 Blakelord Dr

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☒ 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

T. Scott Phillips

Date

4-19-10

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
MEM	Mark Tremonti	2800 Olympic BL. 2nd Fl.	Santa Monica, CA 90404

REINSTATEMENT

08/10 AL

11. E-mail Address Sean@londonco.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

4-19-10

Daytime Phone #

310 478 5151

Typed or printed name of signing Managing Member/Manager

Mark Tremonti