

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND

02 NOV 20 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

DOCUMENT # LD0000003459

1. Limited Liability Company's Name

Musicians Registry, LLC.

500009112925  
11/20/02--01066--016 \*\*205.00

2. Principal Office Address

3701 N. Country Club Dr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

PH 8

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Zip

33180

Country

Dade

Zip

Country

U.S.A.

4. State/Country of Formation

U.S.A., Florida

5. Date Organized or Qualified  
To Do Business in Florida

March 28-2000

6. FEI Number

65-1033223

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

Joseph Perretta

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

3701 N. Country Club Dr PH-8

Suite, Apt. #, Etc.

PH 8

City

Aventura

State  
FL

Zip Code

33180

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]*

REGISTERED AGENT MUST SIGN

Date

11/15/02

10. Names and Street Addresses of Managing Members/Managers

| Titles    | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|-----------|--------------------------------------|---|------------------------|
| President | Joe Perretta                         | 3701 N. Country Club Dr PH 8                      | Aventura / FL, 33180   |
| Secretary | Caroline Mellem                      | 15645 Collins Ave PH 4                            | N. Miami Bch. FL 33160 |
|           |                                      |   |                        |
|           |                                      |   |                        |
|           |                                      |   |                        |
|           |                                      |   |                        |
|           |                                      |   |                        |

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

*[Signature]*

Date

11/15/02

Daytime Phone #

305 931-2490

Typed or printed name of signing Managing Member/Manager

Joseph Perretta

CR2E041 (9/01)