

L00000011246

PLEASE PRINT ALL INFORMATION BEFORE COMPLETING THIS FORM.

FILED

03 AUG -4 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900022029519
08/04/03--01046--001 **250.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # L00000011246

1. Limited Liability Company's Name

PLAY 2 WIN RECORDS, LLC

2. Principal Office Address

36 Rio Vista Drive

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

United States

3. Mailing Office Address

36 Rio Vista Drive

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

United States

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

09/18/2000

6. FEI Number

59-3671297

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

Corporate Creations Network, Inc.

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

941 Fourth Street

Suite, Apt. #, Etc.

#200

City

Miami Beach

State
FL

Zip Code
33139

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

7/29/03

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	Kobie O. Gary	36 Rio Vista Drive	Stuart, FL 34996

REINSTATEMENT 01-03

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)