

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003006

1. Limited Liability Company's Name

MURDER ONE MUSIC GROUP, LLC.

CR2E041 (1/07)

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

5519 PERRINE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

5519 PERRINE DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32808

Country

USA

Zip

32808

Country

USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

2/27/2001

6. FEI Number

59-3722598

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
MICHAEL BRIGHT

Street Address (P.O. Box Number is Not Acceptable)
5519 PERRINE DRIVE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32808

☐ 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

Michael Bright

REGISTERED AGENT MUST SIGN

Date

4.25.07

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
MGR	MICHAEL BRIGHT	5519 PERRINE DRIVE	ORLANDO FLORIDA 32808

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

Michael Bright

Date

4.25.07

Daytime Phone #

407-694-2945

Typed or printed name of signing Managing Member/Manager

MICHAEL BRIGHT