LOCOCO 3177
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

·									J				
1	ED LIABILITY		FLORIDA DEPARTMENT OF STATE			FILED							
COMPANY REINSTATEMENT			Secretary of State DIVISION OF CORPORATIONS			03 MAY 12 PM 1:30							
DOCUMENT # 0100003177 1. Limited Liability Company's Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA							
									;				
International Recording Studios, LLC													
	~ .						600018813526						
<u> </u>						05/12/0301105023 **200.00							
	Office Address	<u>.</u>	3. Mailing Office Address										
30 N Suite, Apt. #	, •	ect	80 NF 168 Street Suite, Apt. #, etc.			4. State/Country of Formation							
Guite, Apr. 4			Suite, Apr. 4, etc.			Flor, da, 5. Date Organized or Qualified							
City & State			City & State			To Do Business in Florida March 2001							
North Miami Beach, FL						6. FEI Number Applied For							
Zip	Country	acr., FL	Zip	Country	, F b-	65-10	7953	0	-		ot Applicable		
3316	2 U	.s.A.	33162	U.S	s.A .	CERTIFICATI	E OF STATI	IS DESIRED	□ \$5.00 for a	Additiona a Certifica	l Fee required te of Status	1	
 	<u> </u>		8. Name and	Address of	Current Register	ed Agent					<u> </u>	-	
Name										1			
	Ami Hadad										-{		
	Street Address (P.O. Box Number is Not Acceptable) 80 N.F. 168 Street							•	•		t		
	Suite, Apt. #, Etc.										1		
	City						State	Zip Cod		·			
	North	Miam	ii Beach				FL	<u> </u>		L	1		
9. I, being	appointed the registered	agent of the above	e named limited liability	ompany am	familiar with and a	accept the obligat	tions of Ch	apter 608,	F.S.			0/02)	
Signature of Registered Agent REGISTERED (GENT MUST SIGN									_			CR2E041 (10/02)	
							Date	1 1) ~~ [200	3	CRZE	
10. Name	es and Street Addresses	of Managing Memb	pers/Managers									1	
Titles		Name of					Ch. (Chat. 175-			1			
	Managing N	s	Street Address of Each Managing Member/ Manag			er City / State / Zip					ł		
CED	A min -Ha	dad		ME	168 51	. .	Al- N	le Lei	Beo	A	ر السياد ال		
<u> </u>	_ /=\ 		- 89		<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		171.11	11.01.74	1000	221	62	Ì	
												ł	
1					•		į.					l	
 							 -		<u> </u>			ł	
	_ 				·	· .	<u> </u>				.	ŧ	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		PO TO TEST	1767		No.	9	\bigcirc			
					نَا قُامُ الْمُلِكِ لِنَا أُمُّ الْمُلْكِدُ لِكُمْ	<u> Januar</u>	-ANIE	H BUL	<u>0</u>	9	7	Į	
									<i>O</i> (عر	·		
all fees	that I am managing mer is reinstatement application owed by the limited liabile ade under oath.	าก เกศ เคลรกก เกเ ก	issolution has been elimi	nated the lim	thad liability comes	inu namo estistic	e tha saasii		anation COO	450 E C			
Signature of Managing Member/Manager Date 1May 2023 Daytime Phone # 305 - 654 - 0626													
Typed of pri	ated name of signing Mar	noning Mambaulle	A im '	. H A	dad	_						ł	