

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013665

1. Limited Liability Company's Name

Kike Santander Music, LLC

2. Principal Office Address

420 Lincoln Road

Suite, Apt. #, etc.

600

City & State

Miami Beach, FL.

Zip

33139

Country

USA

3. Mailing Office Address

420 Lincoln Road

Suite, Apt. #, etc.

600

City & State

Miami Beach, FL.

Zip

33139

Country

USA

4. State/Country of Formation

FL./USA

**5. Date Organized or Qualified
To Do Business in Florida**

08/15/2001

6. FEI Number

☒ 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

Barrett Financial, Inc.

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

28th Floor

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 07-21-2004

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	Flavio Santander	420 Lincoln Road, Suite 600	Miami Beach, FL. 33139

REINSTATEMENT

02-04

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

Date 7-21-2004

Daytime Phone # 305-538-3346

Typed or printed name of signing Managing Member/Manager