

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

DOCUMENT # L01000016673

1. Limited Liability Company's Name

GemQuest Music, LLC

CR2E041 (8/05)

2. Principal Office Address
5842 Oxford Moor Blvd

Suite, Apt. #, etc.

City & State
Windermere, FL

Zip
34786

Country
USA

3. Mailing Office Address
7226 West Colonial Drive

Suite, Apt. #, etc.
Suite 155

City & State
Orlando, FL

Zip
32818

Country
USA

4. State/Country of Formation
Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida** 9/20/01

6. FEI Number 59-3745590

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
Antonio Fraden Jr.

Street Address (P.O. Box Number is Not Acceptable)
5842 Oxford Moor Blvd

Suite, Apt. #, Etc.

City
Windermere

State
FL

Zip Code
34786

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**

Antonio Fraden Jr.

REGISTERED AGENT MUST SIGN

Date 12/19/06

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	Antonio Fraden Jr.	5842 Oxford Moor Blvd	Windermere, FL 34786

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REINSTATEMENT 05-06

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**

Antonio Fraden Jr.

Date 12/19/06

Daytime Phone # 407-493-9889

Typed or printed name of signing Managing Member/Manager Antonio Fraden Jr.