

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000944

1. Limited Liability Company's Name

Chronic Records & Entertainment, LLC

CR2E041 (10/08)

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

5348 SW 132nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5348 SW 132nd Ave

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

Broward

Zip

33027

Country

Broward

4. State/Country of Formation

Florida / Broward

5. Date Organized or Qualified
To Do Business in Florida

1/14/2002

6. FEI Number

04-3588042

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

Tito Smith

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

5348 SW 132nd Ave

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☐ 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

Tito Smith

Date

1/29/09

REGISTERED AGENT MUST SIGN

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 | Tito Smith | 5348 SW 132nd Ave MIRAMAR, FL 33027 | MIRAMAR, FL 33027 |
| | | | 200142710172 02/08/09--01013--001 **500.00 |
| | L. SELLERS | | 200142710172 02/08/09--01013--002 **155.00 |
| | FEB - 4 2009 | | |
| | EXAMINER | | REINSTATEMENT 06-08 |

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

Tito Smith

Date

1/29/09

Daytime Phone #

786-546-9044

Typed or printed name of signing Managing Member/Manager

Tito Smith