


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

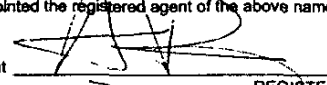
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

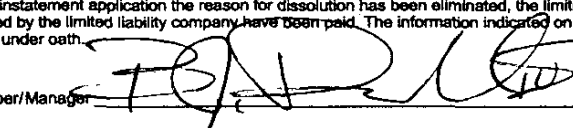
CR2E041 (8/05)

DOCUMENT # L02000003295			
1. Limited Liability Company's Name Rollout Records, LLC			
2. Principal Office Address 2020 NW 119th Street Suite, Apt. #, etc. #1122 City & State Miami, Florida Zip 33167 Country USA		3. Mailing Office Address 835 Mullrany Drive Suite, Apt. #, etc. City & State Coppell, Texas Zip 75019 Country USA	
4. State/Country of Formation Florida, USA		5. Date Organized or Qualified To Do Business in Florida 02/07/02	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Antonio Bryant	
Street Address (P.O. Box Number is Not Acceptable) 2020 NW 119th Street	
Suite, Apt. #, Etc. #1122	
City Miami	State FL
Zip Code 33167	

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 	Date 12-04-06
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	Antonio Bryant	835 Mullrany Drive	Coppell, Texas 75019
MGRM	Bobby Paschal	2305 Superior Street	Opa Locka, Florida 33054
MGRM	Shawn Bryant	2020 NW 119th Street	Miami, Florida 33167

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 12-04-06
Daytime Phone # 305-986-4132	
Typed or printed name of signing Managing Member/Manager Bobby Paschal IV	