

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 PM 12:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009532

Name and Mailing Address

0009176 01 AT 0.292 **AUTO T4 0 0615 33602-192305



2-4-1 RECORDS, LLC
405 W. AMELIA AVE.
TAMPA FL 33602-1923



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/22/2002	
Principal Place of Business 405 W. AMELIA AVE. TAMPA FL 33602	3. New Principal Place of Business Address	6. FEI Number 81-0550086	Applied For Not Applicable
City, State, Zip		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 ASTL, KEVIN D ESQ. 215 VERN ST., STE. A TAMPA FL 33606		9. Name and Address of New Registered Agent Name Harmon R. Bing Street Address (P.O. Box Number is Not Acceptable) 405 W. Amelia Ave. City Tampa FL Zip Code 33602	
10. 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 SIGNATURE REQUIRED Date Nov. 13, 2003 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Harmon Ross Bing	405 W. Amelia Ave.	Tampa, FL 33602
			300024861623 11/19/03--01064--003 **155.00
REINSTATEMENT 2003			

12. 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 **SIGNATURE REQUIRED** Date 11/13/03 Daytime Phone # 813-294-1160

Typed or printed name of signing Managing Member/Manager Harmon Ross Bing