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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

01 JAN 26 AM 9:40

1. **DOCUMENT #** L02000022580

Name and Mailing Address

0017201 01 FP 0.352 **PRSR TO 0 0615 32401

BANGIN BAY RECORDS, LLC
3215 EAST BUSINESS HWY 98
PANAMA CITY FL 32401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/30/2002	
Principal Place of Business 3215 EAST BUSINESS HWY 98 PANAMA CITY FL 32401	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WEBB, MICHAEL 3215 EAST BUSINESS HWY 98 PANAMA CITY FL 32401		Name	
		Street Address (P.O. Box Number is Not Acceptable) 200027553068	
		01/26/04--01031--006 **200.00	
		City	FL

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 Michael Webb **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

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
MGR	WEBB, MICHAEL	3215 EAST BUSINESS HWY 98	PANAMA CITY FL 32401

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 Michael Webb Date 1-21-04 Daytime Phone # 850-258-0550

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)