

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 30 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO2000027889

1. Limited Liability Company's Name

Coconut Jives Entertainment LLC

2. Principal Office Address

8702 N.W. 5th Pl.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Office Address

264 S. LA CINEGAR RD

Suite, Apt. #, etc.

Box 455

City & State

Beverly Hills, GA

Zip

90211

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

10/22/2002

6. FEI Number

22-3877683

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

Richard David Myrie

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

8702 N.W. 5th Pl.

Suite, Apt. #, Etc.

City

Coral Springs,

State

FL

Zip Code

33071-7168

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

X R Myrie

REGISTERED AGENT MUST SIGN

Date

1/27/04

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
<u>MGRM</u>	<u>Myrie, Richard David</u>	<u>8702 N.W. 5th Pl.</u>	<u>Coral Springs, FL 33071-7165</u>

REINSTATEMENT

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03/30/04--01010--004 **200.00

OK

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

X R Myrie (Manager)

Date 1/27/04

Daytime Phone#

954-340-4287

Typed or printed name of signing Managing Member/Manager

Richard Myrie

CR2E041 (10/02)