

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000030795

1. Limited Liability Company's Name

HEAD 2 TDE RECORDS, LLC

2. Principal Office Address

PO BOX 941452

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32794

Country

USA

3. Mailing Office Address

PO BOX 941452

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32794

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

11/18/2002

6. FEI Number

71-1911692

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

ROB. GOODE

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

5014 CASSATT AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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

REGISTERED AGENT MUST SIGN

Date 10/9/03

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
MGRM	GOODE, ROB	5014 CASSATT AVE.	ORLANDO FL. 32808
MGRM	THORNTON, ERLY J. III	13951 GOLDEN RAIN TREE BLVD	ORLANDO, FL 32828
MGRM	SUBER, VERNON	P.O. BOX 841	DAYTONA-BEACH, FL 32115
MGRM	FRYE, DAN	820 N. TREMAIN ST.	MOUNT DORA, FL 32757

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 10/9/03

Daytime Phone # 407 771 0653

Typed or printed name of signing Managing Member/Manager

ROBERT GOODE

292



B.One
Original Smooth Jazz

Head 2 Toe Records, LLC.
P.O. Box 941452
Maitland, FL 32794-1452

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We did not receive the UBR notices or reports and as a result are late in filing. This is our first year in existence and we did not know that this was something we should have been looking for and alarmed when it did not show up. Please allow us to reinstate for the standard UBR fee of \$50

Sincerely,

A handwritten signature in black ink, appearing to read 'Rob Goode', written over a horizontal line.

Rob Goode
Head 2 Toe Records, LLC