## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DOCUMENT #	DOCU 1. Limited Li Vibez  2. Principal 12289  Suite, Apt. #, PMB#  City & State Pembro Zip 33025  9. I. being a Signature of Registered A  10. Names	OMPANY STATEMENT  MENT #	Secipivision  3. Mailing Office 12289 Pei Suite, Apt. #, etc. PMB# 101 City & State Pembroke Zip 33025 8. Name	Address mbroke Rd.  Country FL and Address of Current F	4 Sta F 5. Dai To 6. FE 7.	SECRETARY OF STATE DIVISION OF CORPORATIONS  05 MAY 20 AM IO: 52  ate/Country of Formation Florida/U.S. ate Organized or Qualified 11/22/2002  El Number Applied For V Not Applicable (for a Certificate of Status)	eri
Vibez Entertainment LLC  2. Principal Office Address 12289 Pembroke Rd. 11/22/2002  6. FEI Number 11/22/2002  7. CERTIFICATE OF STATUS DESIRED 11/22/2002  8. Name and Address of Current Registered Agent 15. Living specified the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 668, F.S. 1. Living specified the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 668, F.S. 1. Living specified the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 668, F.S. 1. Living specified the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 668, F.S. 1. Living specified the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 668, F.S. 1. Living specified the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 668, F.S. 1. Living specified the registered agent of the above named limited liability company have been adverted the specified on an provided for in chapter 668, F.S. I further coeffly that when all fees oved by the limited liability company have been past. The reformation indicated on the application is two and accurate, and my signature shall have the same legal effect.	2. Principal 12289 Suite, Apt. #, PMB# City & State Pembro Zip 33025  9. I, being a Signature of Registered A 10. Names	Office Address Pembroke Rd. etc. 101  Oke Pines  Country FL  Name  Zamani T. Thomas  Street Address (P.O. Box Number is No	3. Mailing Office 12289 Per Suite, Apt. #, etc. PMB# 101 City & State Pembroke Zip 33025 8. Name	Address mbroke Rd.  Pines Country FL and Address of Current F	5. Dat To 6. FE 7. CER	Florida/U.S.  Interest of Status Desired Torida 11/22/2002  Applied For V Not Applicable RTIFICATE OF STATUS DESIRED V \$5.00 Additional Fee require for a Certificate of Status	eri
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Street Address (P.O. Box Number is Not Acceptable) 6429 Cowpen Rd.  Suite, Apt. #, Etc.  City Miami  9. 1. 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  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members/Managers  Titles Managing Members/Managers  Mark of Managing Members/Managers  Mark of Managing Members/Managers  Mark of Managing Members/Managers  Mark of Managing Members/Managers  MGR Michael D. Young PMB 101 12289 Pembroke Rd. Pembroke Pines FL 33025  MGRM Madson Marketing and Entertainment 18243 SW 5th St Pembroke Pines FL 33025  11.1 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the finited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the finited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the finited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the finited liability company name satisfies the requir	Signature of Registered A  10. Names Titles	Zamani T. Thomas Street Address (P.O. Box Number is No	S of Accentable)		egistered Agent		
Street Address (P.O. Box Number is Not Acceptable)  Sure Address (P.O. Box Number is Not Acceptable)  State Zip Code  FL Zip Code  FL 33014  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  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members/Managers  Street Address of Each Managing Members/Manager City / State / Zip  MGR Michael D. Young PMB 101 12289 Pembroke Rd. Pembroke Pines FL 33025  MGRM Madson Marketing and Entertainment 18243 SW 5th St Pembroke Pines FL 33025  11. Locatify that Lam 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company arene satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements whe same legal effect	Signature of Registered A  10. Names Titles	Zamani T. Thomas Street Address (P.O. Box Number is No	nt Accentable)	29 Cowpen Rd.			
Suite, Apt. #, Etc.    Suite, Apt. #, Etc.	Signature of Registered A  10. Names  Titles	Suite, Apt. #, Etc.	ot Acceptable) 642	29 Cowpen Rd.			
Suite, Apt. #, Etc.  City Miami  State Zip Code FL 33014  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 Addresses of Managing Members/Managers  Titles Name of Managing Members/Managers  Name of Managing Members/Managers  Michael D. Young PMB 101 12289 Pembroke Rd. Pembroke Pines FL 33025  MGRM Madson Marketing and Entertainment 18243 SW 5th St Pembroke Pines FL 33025  11.1 cartify 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 filling this reinstatement application the ressor 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	Signature of Registered A  10. Names  Titles	V114	•				
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Signature of Managing Member/Manager Date 5/18/2005 Daytime Phone # 786-413-4936	filing thi all fees as if ma	s reinstatement application the reason for owed by the limited liability company have ade under oath.	dissolution has been	n eliminated, the limited liabi rmation indicated on this ap	ity company name plication is true an 5/18/2005	ne satisfies the requirements of section 608,406, F.S., and that nd accurate, and my signature shall have the same legal effect	
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