

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 20 AM 10:52

DOCUMENT # 602000031441

1. Limited Liability Company's Name

Vibez Entertainment LLC

2. Principal Office Address
12289 Pembroke Rd.

3. Mailing Office Address
12289 Pembroke Rd.

Suite, Apt. #, etc.
PMB# 101

Suite, Apt. #, etc.
PMB# 101

City & State
Pembroke Pines

City & State
Pembroke Pines

Zip
33025

Country
FL

Zip
33025

Country
FL

4. State/Country of Formation
Florida/U.S.

5. Date Organized or Qualified
To Do Business in Florida 11/22/2002

6. FEI Number

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
Zamani T. Thomas

Street Address (P.O. Box Number is Not Acceptable)
6429 Cowpen Rd.

Suite, Apt. #, Etc.
0114

City
Miami

State
FL

Zip Code
33014

REINSTATEMENT 03-05

No money
for CUS

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 5/18/2005

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
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

100054322351
05/20/05--01061--002 **255.00

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 5/18/2005

Daytime Phone# 786-413-4936

Typed or printed name of signing Managing Member/Manager

Michael D. Young

CR2EDM1 (10/02)