

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

07 FEB -6 AM 9:55

DOCUMENT # L03000000165

1. Limited Liability Company's Name

Renegade Records

2. Principal Office Address - No P.O. Box #

20801 NW 32nd Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 491146

Suite, Apt. #, etc.

City & State

Opa Locks, FL

City & State

Atlanta, Ga.

Zip

33056

Country

USA

Zip

30349

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

Jan. 3, 2003

6. FEI Number

46-0518160

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

Robert Hankerson

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

20801 NW 32nd Pl.

Suite, Apt. #, Etc.

City

Opa Locks

State

FL

Zip Code

33056

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Robert Hankerson*

REGISTERED AGENT MUST SIGN

Date 1-30-07

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	Robert Hankerson	20801 NW 32nd Pl.	Opa Locks, FL 33056
			100087732501 02/08/07--01037--024 **205.00
			REINSTATEMENT 04-07

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

*Robert Hankerson*

Date 1-30-07

Daytime Phone # 404-819-1910

Typed or printed name of signing Managing Member/Manager