

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 # 20300000410

1. Limited Liability Company's Name

Denson filez Music

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 Locka, fl.

Zip Country

33056 USA

City & State

Atlanta, Ga.

Zip Country

30349 USA

CR2E041 (1/07)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

Jan. 6, 2003

6. FEI Number

75-3100207

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 Locka

State Zip Code
FL 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 Locka, fl. 33056 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

400087731414
02/08/07--01037--011 **155.00

REINSTATEMENT 05-07

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