

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 NOV -8 AM 10:53

DOCUMENT # L03000023992

1. Limited Liability Company's Name

FADE'EM ALL RECORDS, LLC

2. Principal Office Address

6361 ARAGON WAY #202

Suite, Apt. #, etc.

City & State

FT MYERS, FL

Zip

33912

Country

USA

3. Mailing Office Address

12995 S. CLEVELAND AVE

Suite, Apt. #, etc.

SUITE 153 - BOX 115

City & State

FT. MYERS, FL

Zip

33907

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified
To Do Business in Florida

7-1-03

6. FEI Number

20-1579353

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

JOSEPH T. HARMON

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

8372 BEACON BLVD. #203

Suite, Apt. #, Etc.

City

FORT MYERS,

State

FL

Zip Code

33912

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

Joseph Harmon

REGISTERED AGENT MUST SIGN

Date

11/3/05

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
MANAGER	JOSEPH T. HARMON	12995 S. CLEVELAND SUITE 153 - BOX 115	FT. MYERS, FL 33907

REINSTATEMENT 04-05

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

Joseph Harmon

Date

11/3/05

Daytime Phone #

239-334-1363

Typed or printed name of signing Managing Member/Manager

JOSEPH T. HARMON