PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L030000025437

1. Limited Liability Company's Name

DARKCHILD HITS, LLC

CR2E041 (8/05)

2. Principal Office Address
2945 NE 185th ST

3. Mailing Office Address
251 Aschwind Court

4. State/Country of Formation

Suite, Apt. #, etc.
1414

Suite, Apt. #, etc.

5. Date Organized or Qualified To Do Business in Florida 7-9-2003

City & State
MIAMI FL

City & State
GALLOWAY NJ

6. FEI Number 81-0620335   Applied For / Not Applicable

Zip
33180   Country USA

Zip
08205   Country USA

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name FRED JERKINS, JR.

Street Address (P.O. Box Number is Not Acceptable) 2945 N.E. 185th ST

Suite, Apt. #, Etc. 1414

City MIAMI   State FL   Zip Code 33180

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 6-30-2006

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	FRED JERKINS, JR	2945 N.E. 185th ST, #1414	MIAMI FL 33180
MGRM	SYLVIA JERKINS	2945 N.E. 185th ST, #1414	MIAMI FL 33180

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 6-30-2006   Daytime Phone # 609-457-1984

Typed or printed name of signing Managing Member/Manager FRED JERKINS, JR.