

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000034885**

1. Limited Liability Company's Name

ALL SELECTED MUSIC DISC JOCKEYS, LLC

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

18440 NE 21st Ave

Suite, Apt. #, etc.

City & State

North Miami Beach

Zip

33179

Country

USA

3. Mailing Office Address

18440 NE 21st Ave

Suite, Apt. #, etc.

City & State

North Miami Beach

Zip

33179

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 14 Sept 2003

6. FEI Number

542125574

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

JAROD W. FAUER

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

18440 NE 21st Ave

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33179

☐ 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

REGISTERED AGENT MUST SIGN

17 Nov 2009

Date

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	JAROD W. FAUER	18440 NE 21st Ave	N. Miami Bch., FL 33179
MGR	SARA-SHIRI FAUER	18440 NE 21st Ave	N. Miami Bch., FL 33179
	NOTHING FOLLOWS		

REINSTATEMENT

07-10

11. E-mail Address: **ASMDJS@AOL.COM**

(To be used for future annual report notifications)

12. 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

17 Nov 2009

Daytime Phone #

786-586-3003

Typed or printed name of signing Managing Member/Manager

JAROD W. FAUER

FILED

10 APR 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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