

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 AUG 13 PM 2:31

DOCUMENT # **L03000038705**

1. Limited Liability Company's Name

SEVEN EIGHT MUSIC LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6509 CONROY RD

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

Zip
32835

Country
USA

Zip

Country

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida **10-10-03**

6. FEI Number
20-0593008

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
RASHAD TYLER

Street Address (P.O. Box Number is Not Acceptable)
6509 CONROY RD

Suite, Apt. #, Etc.
105

City
ORLANDO

State
FL

Zip Code
32835

☒ 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.

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08/28/07--01026--016 **150.00

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 **08-01-07**

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	RASHAD TYLER	6509 CONROY RD #105	ORLANDO FL 32835
MGRM	KEVIN COSSOM JR	6509 CONROY RD #105	ORLANDO FL 32835

BLT

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

Date **08-01-07**

Daytime Phone # **321-689-7693**

Typed or printed name of signing Managing Member/Manager **RASHAD TYLER**