


FILED

08 MAR 27 PM 4:05

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Limited Liability Company's Name
HOOT/WISDOM MUSIC PUBLISHING, LLC
L04000017690

2. Principal Office Address - No P.O. Box # 777 Glades Road Suite, Apt. #, etc.		3. Mailing Office Address 777 Glades Road Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431	Country USA	Zip 33431	Country USA

CR2E041 (12/07)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 3/5/2004	
6. FEI Number 201565200	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
 Ludin, Jack B.

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

Suite, Apt. #, Etc.

City
 Boca Raton

State
FL

Zip Code
 33431

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: Jack Ludin REGISTERED AGENT MUST SIGN

Date: 3/7/08

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	Ludin, Jack B.	777 Glades Road	Boca Raton, FL 33431
MGR	Zager, Michael J.	777 Glades Road	Boca Raton, FL 33431

REINSTATEMENT 06, 08

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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: Jack Ludin Michael J. Zager Date: 3/7/08 Daytime Phone # 561-297-3007

Typed or printed name of signing Managing Member/Manager: _____