

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -8 AM 8:06

DOCUMENT # L04000039009

1. Corporation Name

ROYAL DOLLAR RECORDS, LLC

700084143967
01/12/07--01009--020 **300.00

2. Principal Office Address

1200 COLLINS AVE

3. Mailing Office Address

5111 PINE TREE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

U.S.A

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-132580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

FRED LICKSTEIN

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

1395 BRICKELL AVE

Suite, Apt. #, Etc.

City

MIAMI.

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

F. Lickstein

Date

12/18/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>M</u>	<u>FAISAL ALFASSI</u>	<u>5111 PINE TREE DR</u>	<u>MIAMI BEACH, FL 33140</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: F. Alfassi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAISAL ALFASSI

12/18/06

Date

Daytime Phone #

(305) 799-5807