

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

05 JUL 28 AM 8:34

DOCUMENT # L04000070898

1. Limited Liability Company's Name
Dulce Records

2. Principal Office Address
100 W. Hidden Valley BLVD

Suite, Apt. #, etc.
#210

City & State
Boca Raton, FL

Zip Country
33487 U.S.

3. Mailing Office Address
100 W. Hidden Valley BLVD

Suite, Apt. #, etc.
#210

City & State
Boca Raton, FL

Zip Country
33487 U.S.

4. State/Country of Formation
Florida/U.S.

5. Date Organized or Qualified
To Do Business in Florida 7-25-05

6. FEI Number 16-1728855

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
Adam Palumbo

Street Address (P.O. Box Number is Not Acceptable) 100 W. Hidden Valley BLVD

Suite, Apt. #, Etc. #210

City
Boca Raton

State Zip Code
FL 33487

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

Adam Palumbo

REGISTERED AGENT MUST SIGN

Date 7-25-05

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	Adam Palumbo	100 W. Hidden Valley BLVD #210	Boca Raton, FL 33487

REINSTATEMENT 2005

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

Adam Palumbo

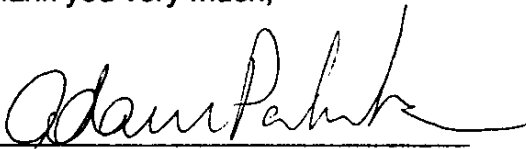
Date 7-25-05

Daytime Phone # 321-591-7883

Typed or printed name of signing Managing Member/Manager Adam Palumbo

After a long investigation I found that letters regarding my LLC have been sent to an address other than my companies address. When I finally received the attached letter stating that my company was dissolved I was shocked. After calling the number on the bottom of the letter I received all the answers I needed and excellent service. I was told that if I sent a signed letter explaining that "I did not receive prior notice of intent to dissolve before this current letter of Dissolution." Then I would only need to pay the \$50.00 annual report fee and the reinstatement fee would be waived. I greatly appreciate your help with this situation. I have enclosed a check for \$55.00. \$50.00 for my annual fee and the \$5.00 additional charge for a certificate of my LLC.

Thank you very much,

A handwritten signature in black ink, appearing to read "Adam Palumbo", written over a horizontal line.

Adam Palumbo
#321-591-7883