

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04 00007 9938

1. Limited Liability Company's Name

MAXXIMUSIC PRODUCTIONS
L.L.C.

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

16762 NW 13 ST

Suite, Apt. #, etc.

3. Mailing Office Address

16762 NW 13 ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33028

Country

US

City & State

PEMBROKE PINES FL

Zip

33028

Country

US

4. State/Country of Formation

FLORIDA / BROWARD

5. Date Organized or Qualified
To Do Business in Florida

11/04/03

6. FEI Number

320132308

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

MARCELLO AZEVEDO

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

16762 NW 13 ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

☐ 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

Date

DEC 4 2009

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
<u>MGR</u>	<u>MARCELLO AZEVEDO</u>	<u>16762 NW 13 ST</u>	<u>P. PINES FL 33028</u>
<u>MEMBER</u>	<u>CYNTHIA MORENO</u>	<u>16762 NW 13 ST</u>	<u>P. PINES FL 33028</u>

REINSTATEMENT

08-09

11. E-mail Address:

(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

12/04/09

Daytime Phone #

954 3268027

Typed or printed name of signing Managing Member/Manager