

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JAN 27 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400142274624
01/28/09--01022--009 **282.50

CR2E041 (10/08)

DOCUMENT # **L050000053517**

1. Limited Liability Company's Name

MUSICSUBMIT.COM LLC

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

650 Penn Ave #25

Suite, Apt. #, etc.

#25

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Office Address

650 Penn Ave #25

Suite, Apt. #, etc.

#25

City & State

Miami Beach FL

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA

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

05/2005

6. FEI Number

34-2050492

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

JAMES M. CORCORAN

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

650 Pennsylvania Ave #25

Suite, Apt. #, Etc.

#25

City

Miami Beach

State

FL

Zip Code

33139

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/21/09

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
MEM	JAMES M. CORCORAN	650 Penn Ave #25	MIAMI BEACH FL 33139

REINSTATEMENT

07-09

AL

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

[Signature]

Date

1/21/08

Daytime Phone #

305 753 0558

Typed or printed name of signing Managing Member/Manager

JAMES MICHAEL CORCORAN