

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

13 AUG 21 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000007089

1. Limited Liability Company's Name

Gowitus Records LLC

CR2E041 (1/11)

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

736 West Virginia Street

Suite, Apt. #, etc.
#4

City & State
Tallahassee, FL

Zip Country
32304 U.S.A.

3. Mailing Office Address

736 West Virginia Street

Suite, Apt. #, etc.
#4

City & State
Tallahassee, FL

Zip Country
32304 U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-4154900

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Ray, Michael, Frizel

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

Suite, Apt. #, Etc.
#4

City
Tallahassee

State Zip Code
FL 32304

E-mail Address:

700250920847
08/21/13--01010--002 **500.00

michael_ray05@hotmail.com
(To be used for future annual report notices)

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

Michael Frizel
REGISTERED AGENT MUST SIGN

Date 8/21/2013

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>MGRM</u>	<u>Ray, Michael, Frizel</u>	<u>736 West Virginia Street #4</u>	<u>Tallahassee, FL 32304</u>
			<u>700250920847</u> <u>08/21/13--01010--003 **21.25</u>
			REINSTATEMENT
			AUG 21 2013
			R. HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager Michael Frizel

Date 8/21/2013 Daytime Phone # 850-345-7005

Typed or printed name of signing Managing Member/Manager