

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

32304

Country

U.S.A.

3. Mailing Office Address

736 West Virginia Street

Suite, Apt. #, etc.

#4

City & State

Tallahassee, FL

Zip

32304

Country

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 ☒

\$5.00 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

FL

Zip Code

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</u> <u>#4</u>	<u>Tallahassee, FL 32304</u>

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08/21/13--01010--003 \*\*21.25

**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