

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 11 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000014004

1. Limited Liability Company's Name

Explosion Musical L.L.C.

CR2E041 (1/07)

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

8000-A N. Armenia Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33604

Country

USA

3. Mailing Office Address

8000-A N. Armenia Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33604

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

01/31/06

6. FEI Number

27-0137961

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

Juan Carlos Carvajal

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

19032 Chislehurst Dr.

Suite, Apt. #, Etc.

City

Land O'Lake

State
FL

Zip Code
34638

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 12/05/07

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	Fabiola Carvajal	19032 Chislehurst Dr.	Land O'Lake, Fl. 34638

100112987171
12/10/07-01030-005 **55.00

REINSTATEMENT

2007 DB

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 609.435, 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 12/05/07

Daytime Phone # 813-935-0765

Typed or printed name of signing Managing Member/Manager Fabiola Carvajal