

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -3 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000039020

1. Limited Liability Company's Name

PHANTOM RECORDS, LLC

CR2E041 (12/07)

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

616 OCEAN BLVD

Suite, Apt. #, etc.

City & State

GOLDEN BEACH, FL

Zip
33160

Country

U.S.A

3. Mailing Office Address

616 OCEAN BLVD

Suite, Apt. #, etc.

City & State

GOLDEN BEACH, FL

Zip

33160

Country

USA

4. State/Country of Formation

FL / USA

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

4/11/2006

6. FEI Number

80-0163933

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

KARL THOMPSON

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

616 OCEAN BLVD

Suite, Apt. #, Etc.

City

GOLDEN BEACH

State

FL

Zip Code

33160

☒ 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

Karl Thompson

Date 3/25/08

REGISTERED AGENT MUST SIGN

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
MGRM	KARL THOMPSON	616 Ocean Blvd	Golden Beach, FL 33160
MGR	BRIZA MONTUFAN	4320 Washington Street #216	Hollywood, FL 33021
DELETE	CYRUS S. WEST	1021 Ives Dairy Rd	Miami, FL 33179
Delete	Cyrus S. West		
DELETE	CYRUS S. WEST		

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REINSTATEMENT 07-08

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

Karl Thompson

Date 3/25/08

Daytime Phone #

305 494-4371

Typed or printed name of signing Managing Member/Manager

KARL THOMPSON