

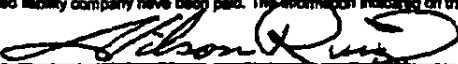


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State, DIVISION OF CORPORATIONS		10 APR 26 AM 8:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L060000042991					
1. Limited Liability Company's Name Urban Tribe Entertainment LLC					
2. Principal Office Address - No P.O. Box # 2924 Collins Ave Suite, Apt. #, etc. 207 City & State Miami Beach, FL 33140 Zip Country 33140 USA		3. Mailing Office Address 2924 Collins Ave Suite, Apt. #, etc. 207 City & State Miami Beach, FL Zip Country 33140 USA		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 2006 6. FEI Number 20-4769400 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
5. Name and Address of Current Registered Agent Name Diego Soto Street Address (P.O. Box Number is Not Acceptable) 17620 NW 78 Ave Suite, Apt. #, Etc. 208 City Miami State FL Zip Code 33015					
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  Date 4/3/2010 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		
Pres/ mgmt	Nilson Ruiz	2924 Collins Ave 207	Miami Beach, FL 33140		
TREAS/ mgmt	Michelle Ruiz	2924 Collins Ave 207	Miami Beach, FL 33140		
800175189478 04/27/10--01005--003 **416.2					
REINSTATEMENT 2007-10					
11. E-mail Address: nrqsnfx@gmail.com					
12. 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 608.405, 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 04/03/09		Daytime Phone # 3053315857	
Typed or printed name of signing Managing Member/Manager Nilson Ruiz					

JB



FILED

10 APR 26 AM 8:49

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

April 12, 2010

URBAN TRIBE ENTERTAINMENT LLC
2924 COLLINS AVE #207
MIAMI BEACH, FL 33140

SUBJECT: URBAN TRIBE ENTERTAINMENT LLC
Ref. Number: L06000042991

We have received your document for URBAN TRIBE ENTERTAINMENT LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$655.00.

We need an additional check for \$416.25

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00008926