

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 22 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000070759

1. Limited Liability Company's Name

PHAT KATZ ENTERTAINMENT, LLC

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

485 NORTH EAST 128TH STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLORIDA

Zip

33161

Country

USA

3. Mailing Office Address

485 NORTH EAST 128TH STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLORIDA

Zip

33161

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified

To Do Business in Florida **SEPTEMBER 14, 2007**

6. FEI Number

20-5347127

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

ROBERT OWENS

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

485 NORTH EAST 128TH STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI,

State

FL

Zip Code

33161

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 **12-09-08**

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	OWENS ORGANIZATION, LLC	485 NORTH EAST 128TH STREET	NORTH MIAMI, FLORIDA 33161
MGRM	AUDREY TOUSSAINT	880 NORTH EAST 128TH STREET	NORTH MIAMI, FLORIDA 33161

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REINSTATEMENT 07-08 AL

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

Date **12-09-08**

Daytime Phone # **954-636-4836**

Typed or printed name of signing Managing Member/Manager