

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 21 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200158702052
07/20/09--01058--008 **516.25

CR2E041 (10/08)

DOCUMENT # L06000091460

1. Limited Liability Company's Name

EN TIEMPO MUSIC, LLC

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

208 90TH STREET

Suite, Apt. #, etc.

City & State

SURFSIDE, FL

Zip

33154

Country

US

3. Mailing Office Address

208 90TH STREET

Suite, Apt. #, etc.

City & State

SURFSIDE, FL

Zip

33154

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida 09/18/2006

6. FEI Number

NONE

☐ 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

ZIGLAW

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

4500 BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE # 201

City

MIAMI

State

FL

Zip Code

33137

☐ 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

Seulie Jane Mayel
REGISTERED AGENT MUST SIGN

Date

7/15/09

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	TEJADA, ALEJANDRA	208 90 TH STREET	SURFSIDE, FL 33154

REINSTATEMENT-07-09

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

Alejandra Tejado

Date

July 7/09

Daytime Phone #

954 830 0599

Typed or printed name of signing Managing Member/Manager

ALEJANDRA TEJADA