

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 22 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/22/10--01036--007 **377.50

CR2E041 (05/10)

DOCUMENT # L07000001535

1. Limited Liability Company's Name

SANDTORY MUSIC/LAYKASH PRODUCTIONS, LLC

2. Principal Office Address - No P.O. Box #
10325 LAGUARDIA CT

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip
32821

Country
US

3. Mailing Office Address
P.O. BOX 590264

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

Zip
32859

Country
US

4. State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida 01/01/2007

6. FFI Number
208181241

☐ 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 WYNTER, EARL TORY

Street Address (P.O. Box Number is Not Acceptable)
10325 LAGUARDIA CT

Suite, Apt. # Etc.

City
ORLANDO

State Zip Code
FL 32821

REINSTATEMENT 709-10 SBH

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 07/20/2010

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	WYNTER, EARL TORY	10325 LAGUARDIA CT	ORLANDO, FL 32821

11. E-mail Address.

(To be used for future annual report notifications)

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 608.406, 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 07/20/2010 Daytime Phone # 407-345-1035

Typed or printed name of signing Managing Member/Manager WYNTER, EARL TORY