PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORID	A DEPARTMENT OF STATE Secretary of State		FILED
	VISION OF CORPORATIONS		09 NOV -3 AM 10: 56
DOCUMENT # LO700018481 1. Limited Liability Company's Name Property 10 110		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name Big Dream Records	S, LLC	1 (10/26	00162149741 5/0901027006 **277.50
2. Principal Office Address - No P.O. Box # 3. Mailing	Office Address 3 SW 66th way	4. State/Coun	CR2E041 (10/08)
Suite, Apt. #, etc. Suite, Apt.		F/O/CI 5. Date Organ	
Muje, Florida DAU	ie Florida	6. FEI Number 3/)-/)4/	
33314 Broward 8331	4 Broward	7. CERTIFICATE	OF STATUS DESIRED 55 00 Addutional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name O		×	
Street Address (P.O. Blox Number is Not Acceptable) 1163 SW 66+ AVE Suite, Apt. #, Etc.		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	
DAUIE State 3 Zip Code FL 3 3314			ement 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			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manag		City / State / Zip
MGRM Tracy Bowser	4163 SW 66 thay		Davie, Fl 33314
			1B
REINSTATEMENT 2008-09			
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 ealth. 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			
Signature of Managing Member/Manager Date 9/9/09 Daytime Phone # 954-381-5896 Typed or printed name of signing Managing Member/Manager Tracy Bowser			
	1	-	