

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L07000023870

1. Limited Liability Company's Name

The Muzac Organization LLC

000181312430 05/25/10--01009--005 **238.75 CR2E041 (11/09)

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

1251 NE 207 st

3. Mailing Office Address

PO Box 640883

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Miami FL

City & State

Miami FL

Zip

33179

Country

US

Zip

33164

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

03/05/2007

6. FEI Number

20-8555597

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

Venise Caroché

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

6901 Raleigh st

Suite, Apt #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

Venise Caroché

REGISTERED AGENT MUST SIGN

Date

5/20/2010

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/M	Venise Caroché	1251 NE 207 st	Miami FL 33179

000181312430 07/14/10--01003--020 **177.50

JB

REINSTATEMENT 2008-10

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

Venise Caroché

Date

5/20/10

Daytime Phone #

305 3963206

Typed or printed name of signing Managing Member/Manager

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2010

THE MUZAC ORGANIZATION LLC
PO BOX 640883
MIAMI, FL 33164

SUBJECT: THE MUZAC ORGANIZATION LLC
Ref. Number: L07000023870

We have received your document for THE MUZAC ORGANIZATION 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 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$177.50

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: 910A00013294