PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM							
LIMITED LIABILITY COMPANY REINSTATEMENT							
DOCUMENT # L0700052612 1. Limited Liability Company's Name							
Behind The Veil Records, LLC					06/04/0	0156792099 901037005 **277.50	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					CR2E041 (10/08)		
9844 Rockhill Rd			P.O. BOX 49124		4. State/Country of Formation		
			Pi Ui DOX 99129 Suite, Apt. #, etc.		FL. / U.SA		
						nized or Qualified	
City & State	,		City & State		To Do Busi	iness in Florida 5/17/2007	
$\sim$ 1 $\sim$				Timpa FL		6. FEI Number Applied For	
Thomotosassa FL			Zip Country		77-0688110 Not Applicable		
335		A	3364	16 USA	7. CERTIFICATE	OF STATUS DESIRED S5.00 Additional Fee required tor a Certificate of Status	
	8. Name	e and Address of	Current Regis	stered Agent			
Name Darrick Dealkaund					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.		
Street Address (B.O. Box Number is Not Acceptable)							
9844 ROCKHILL RO							
Suite, Apt. #, Etc.							
Thonotusassa FL 33592							
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					Date 5-28-09		
Registered Agent						Date	
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Managers		Street Address of Eac Managing Member/Mana		City / State / Zip		
MGRM	Derrick Rachard		9844 Rockhill Rd		Thonotosassa, FL, 33592		
mgrm	m Toni Rackard		9844 Rochhill Rel		Thonotasassa, FL 33592		
INO ININ	<u> </u>		,1	4899 NOCHINI NCI		INIONIDIAL JACSSIA, PC 35512	
					S. HA	WKES	
	2008-09			JUN 1 0 2009			
				EXAMINER			
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 Device Phone # 813-943-1415							
Document # L07000052612							

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