

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 29 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

900163992809
12/28/09--01058--013 ***377.50
CR2E041 (11/09)

DOCUMENT # **L07060099042**

1. Limited Liability Company's Name

RIPPLE EFFECT MUSIC, LLC

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

103650 Overseas Hwy

Suite, Apt. #, etc.

47

City & State

KEY LARGO, FL

Zip

33037

Country

US

3. Mailing Office Address

103650 Overseas Hwy

Suite, Apt. #, etc.

47

City & State

KEY LARGO, FL

Zip

33037

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9-27-07

6. FEI Number

☒ 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

PATRICIA GESSER, ESQ

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

99530 Overseas Hwy

Suite, Apt. #, Etc

2

City

KEY LARGO

State

FL

Zip Code

33037

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-23-09**

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 |
|--------|--------------------------------------|---|---------------------|
| MGRM | ANNA MARIA JOHANNA KOMPIER | 103650 Overseas Hwy #47 | KEY LARGO, FL 33037 |
| MGRM | DANIEL T. CULBERTSON | 103650 Overseas Hwy #47 | KEY LARGO, FL 33037 |
| | L. SELLERS | | |
| | DEC-30-2009 | | |
| | EXAMINER | | |
| | | | |

REINSTATEMENT 0809

11. E-mail Address: **pgessel@aol.com**

(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

[Signature]

Date

Daytime Phone # **305-453-5277**

Typed or printed name of signing Managing Member/Manager **DANIEL T. CULBERTSON**