

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT -6 AM 9:28

DOCUMENT # L12000083943

1. Limited Liability Company's Name
BRAHMIN RECORDS, LLC

2. Principal Office Address - No P.O. Box # 1224 E Elmwood Avenue		3. Mailing Office Address 1224 E Elmwood Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Burbank, CA		City & State Burbank, CA	
Zip 91501	Country USA	Zip 91501	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida / United States	
5. Date Organized or Qualified To Do Business in Florida June 26, 2012	
6. FEI Number 45-5584900	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name P & A Registered Agents, LLC	
Street Address (P.O. Box Number is Not Acceptable) Suite. 175 SW 7th Street	
Apt. #, Etc. Suite 1403	
City Miami	State FL
	Zip Code 33130

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

09/26/16

10. Names and Street Address of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Daniel Washburn	1224 E Elmwood Avenue	Burbank, CA 91501

11. E-mail Address: **notices@parronlaw.com**

238.75

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

09/26/16

Daytime Phone #

305-459-3349

Typed or printed name of signing authorized representative/member

Ivan Parron as attorney in fact