


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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2015 NOV 10 AM 6:41

DOCUMENT # L15000035778

1. Limited Liability Company's Name

VEGA ARTIST VENTURES LLC

NOV 10 2016

L BERGER

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2405 MAGNOLIA DRIVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State NORTH MIAMI, FL		City & State —	
Zip 33181	Country USA	Zip —	Country —

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 2/26/2015	
6. FEI Number 47-3286523	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 MICHEL VEGA		
Street Address (P.O. Box Number is Not Acceptable) Suite, 2405 MAGNOLIA DRIVE		
Apt. #, Etc. —		
City NORTH MIAMI	State FL	Zip Code 33181

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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

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	MICHEL VEGA	2405 MAGNOLIA DRIVE	NORTH MIAMI, FL 33181
REINSTATEMENT			
2016			

11. E-mail Address: MV@VEGAARTISTVENTURES.COM

(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

Daytime Phone #

Typed or printed name of signing authorized representative/member

11/4/16 917 513 8298