

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 OCT 26 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001379

1. Limited Liability Company's Name

Beethoven.com, LLC

REINSTATEMENT 2001

2. Principal Office Address
c/o Tanger Properties
32 Fairfield Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boston, MA

Zip Country Zip Country
02116 USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

7/11/2000

6. FEI Number

X Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

000004658050-2

-10/30/01--01002--006

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

1200 South Pine Island Road

****150.00 ****150.00

Suite, Apt. #, Etc.

000004658050-2

-10/30/01--01002--007

*****5.00 *****5.00

City

Plantation

State

FL

Zip Code

33324

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

Conia Bryan *Conia Bryan, Special Asst. Secy.*

REGISTERED AGENT MUST SIGN

Date 10-26-01

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
Manager	Howard P. Tanger	c/o Tanger Properties 32 Fairfield Street	Boston, MA 02116

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

Howard P. Tanger

Date 10/25/01

Daytime Phone #

(617) 267-0515

Typed or printed name of signing Managing Member/Manager

Howard P. Tanger