

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
02 APR 30 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002563

1. Limited Liability Company's Name

S.H.E. Music LLC

REINSTATEMENT

2001-
2002

2. Principal Office Address

216 TRYON AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1185 SW 11th Ave

Suite, Apt. #, etc.

19th Fl.

City & State

ENGLEWOOD, NJ

City & State

New York, NY

Zip

07631

Country

USA

Zip

10036

Country

USA

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified
To Do Business in Florida

DEC. 13, 2000

6. FEI Number

06-1600672

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

JOVAR ANDREWS

500005501525--4

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

1465 DAYTONIA ROAD

05/10/02-01007-005

****205.00 ****205.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33341

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

JOVAR ANDREWS

REGISTERED AGENT MUST SIGN

Date

4/2/02

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	SETH GINSBERG	216 TRYON AVENUE	ENGLEWOOD, NJ 07631
MGRM	JOVAR ANDREWS	1465 DAYTONIA ROAD	MIAMI, FL 33341

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

SETH GINSBERG

Date

4-2-02

Daytime Phone #

201-503-0019

Typed or printed name of signing Managing Member/Manager

SETH GINSBERG

CR2E041 (9/01)