

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Separate
LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB -9 PM 12: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700143193247
02/09/09--01058--026 **655.00

REINSTATEMENT 06-09

DOCUMENT # P05000045896

1. Limited Liability Company's Name

YOUNG MONEY TOURING, INC

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

555 WASHINGTON AVE

Suite, Apt. #, etc.

SUITE 380

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

3. Mailing Office Address

555 WASHINGTON AVE

Suite, Apt. #, etc.

SUITE 380

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified

To Do Business in Florida 03/21/2005

6. FEI Number

20-2711944

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

MADISON FINANCIAL GROUP LLC

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

555 WASHINGTON AVE

Suite, Apt. #, Etc.

SUITE 380

City

MIAMI BEACH

State

FL

Zip Code

33139

☒ 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 02/04/2009

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	DWAYNE CARTER	555 WASHINGTON AVE	MIAMI BEACH FL 33139
	<i>[Signature]</i>		

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

[Signature]

Date 02/04/09

Daytime Phone # 305-673-3530

Typed or printed name of signing Managing Member/Manager DWAYNE CARTER