

Z00108

LIMITED LIABILITY COMPANY REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 15 AM 10:26

MJH

DOCUMENT # Z00108

1. Limited Liability Company's Name **HOT RECORD SALES L.C.**
1450 NW 159 Street
Miami, Florida 33169

2. Principal Office Address
1450 NW 159 Street

3. Mailing Office Address

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
6/6/89

6. FEI Number
65-0127880

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State

Zip **33169** Country **USA**

Zip Country

8. Name and Address of Current Registered Agent

Name
DOUGLAS D. STRATTON, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road, Suite 2A

Suite, Apt. #, Etc.

City
Miami Beach, FL

State Zip Code
FL 33139

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 *Douglas D. Stratton*
REGISTERED AGENT MUST SIGN

Date **4/28/00**

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
MGR	STONE, HENRY	1450 N.W. 159 Street	Miami, Florida 33169
MGR	STONE, JOSEPH	1450 N.W. 159 Street	Miami, Florida 33169
			700003264707- --8 05/24/00 01018 005 ****200.00 ****200.00
REINSTATEMENT 99, 2000			

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 *H. Stone* Date **4/28/00** Daytime Phone # **(305) 628-9797**

Typed or printed name of signing Managing Member/Manager **Henry Stone, Manager**

CORP/041 (6-99)