

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**Z00108**

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 14 AM 8:34

DOCUMENT # Z00108

HOT RECORD SALES, L.C.  
1450 N.W. 159 Street  
Miami, FL 33169

9/25/00

2. Primary Office Address  
1469 N.W. 159 Street

3. Mailing Office Address  
1450 N.W. 159 Street

4. State, Country of Formation  
Miami-Dade County, Florida

5. Date Organized or Qualified  
To Do Business in Florida  
6/6/1989

6. FEI Number  
65-0127880

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent  
Name  
DOUGLAS D. STRATTON, ESQUIRE

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

Suite, Apt. #, Etc.  
Miami Beach, FL 33139

City

700004432997--0  
-06/20/01--01085--003  
\*\*\*\*200.00 \*\*\*\*200.00

State  
FL  
Zip Code  
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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date  
5-14/01

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
STONE, HENRY, MGR		1450 N.W. 159 Street	Miami, FL 33169
STONE, JOSEPH, Member		1450 N.W. 159 Street	Miami, Florida 33169
KLEIN, PAUL, Manager		1450 N.W. 159 Street	Miami, FL 33169
			<b>\$100.00 Reinst</b> <b>50.00 2000</b> <b>50.00 2001</b> <b>200.00 RE</b>

**REINSTATEMENT 2000-2001**

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

*[Handwritten Signature]*

Date  
5/18/2001

Daytime Phone  
(305) 628-9797

Typed or printed name of signing Managing Member/Manager