Pg 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-02000007621

1. Corporation Name
CONTAGIOUS BAND, INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
5229 SW 117TH AVENUE		5229 SW 117TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
COOPER CITY, FL		COOPER CITY, FL	
Zip	Country	Zip	Country
33330	USA	33330	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/04/2002

5. FEI Number 16-1631958 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SIERRA, VIRGILIO JR

000032195320
04/08/04--01015--025 **122.50

Street Address (P.O. Box Number is Not Acceptable)
1526 WHITEHALL DRIVE

Suite, Apt. #, Etc.
406

City	State	Zip Code
FT. LAUDERDALE	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 03/24/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SIERRA, VIRGILIO JR	1526 WHITEHALL DRIVE # 406	FT. LAUDERDALE, FL 33324
VP	CARRERO, JAY	1591 WEST FAIRWAY RD VILLAS WE	PEMBROKE PINES, FL 33026
D	VIDAL, RENE	5290 SW 90TH WAY # 2	COOPER CITY, FL 33328
D	CASAS, GABRIEL	9461 EVERGREEN PL. # 401	FT. LAUDERDALE, FL 33324

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 03/24/2004 954-680-7165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

fm

Pg 2 of 2

CONTAGIOUS BAND, INC.

5229 SW 117 Ave.Cooper City, Florida 33330

Attn: Florida Department of State

Date: Wednesday, March 24, 2004

To Whom It May Concern:

Please be advised that after our discussions with the reinstatement department, we were informed that due to the fact that we (Contagious Band, Inc.) never received the annual reports for 2003. We are requesting that the instatement fee be waved and are forwarding a check for $ 122.50 for 2003 and 2004 annual report

If there are any questions please feel free to contact us at the above number.

Sincerely