

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 19 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002061

1. Corporation Name

WCY MUSIC BOOSTERS, INC.

Principal Place of Business

Mailing Address

901 NW 129 AVE. #711  
PEMBROKE PINES FL 33028

901 NW 129 AVE. #711  
PEMBROKE PINES FL 33028

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date incorporated or when To Do Business in Florida

04/08/1988

5. FEI Number

Applied For

Y Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SS 704.111(1)(a) Fee required by Chapter 607, F.S.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
(D) President	Pamela J. Harry	1520 N.W. 122 Ave	Pembroke Pines, FL 33026
(D) Vice President	Sarah Hydes	13661 S.W. 18 Street	Miramar, FL 33026
(T) Secretary	Barbara Roberts	1092 S.W. 159 Drive	Pembroke Pines, FL 33027
D	Sharon Dressler	10671 N.W. 22 Street	Pembroke Pines, FL 33026
			100003058541--7
			12/02/99 01037-001
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORNIK, GARY H  
20801 BISCAYNE BLVD., STE. 505  
AVENTURA FL 33180

Name  
Pamela J. Harry  
Street Address (P.O. Box Number is Not Acceptable)  
1520 N.W. 122 Ave.  
Suite, Apt. #, Etc.

City  
Pembroke Pines  
State  
FL  
Zip Code  
33026

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

*Pamela J. Harry* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-16-99

11. 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:

*Pamela J. Harry* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-16-99

954/KE  
431-1807  
Daytime Phone #

CR2500 (8/99)