


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 FEB -4 PM 3:50

DOCUMENT # P0000055612

1. Corporation Name

SOUNDTRACK PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

330 BISCAYNE BLVD., SUITE 801
 MIAMI FL 33132

330 BISCAYNE BLVD., SUITE 801
 MIAMI FL 33132

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

Michel Charles

330 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#801

801

City & State

City & State

Miami FL

MIAMI FL

Zip

Country

Zip

Country

33132

USA

33132

USA

REINSTATEMENT 01-02



4/16/01 90275 019 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

06/08/2000

5. FEI Number

651019465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	SPARFEL, THIERRY	330 BISCAYNE BLVD., SUITE 801	MIAMI FL 33132
D	Michel Charles	330 Biscayne	Miami FL 33132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPARFEL, THIERRY
 330 BISCAYNE BLVD., SUITE 801
 MIAMI FL 33132

Name Michel Charles

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

Suite, Apt. #, Etc.
 #801 M

City Miami

State FL

Zip Code 33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL CHARLES

10/19/01

Daytime Phone #