

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**      FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04000031223**  
1. Corporation Name  
  
**MO MUZIK ENTERTAINMENT, INC.**

2. Principal Office Address <b>3231 OLD WINTER GARDEN ROAD</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO FLORIDA</b>		City & State	
Zip <b>32825</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>10/11/2004</b>	Applied For Not Applicable
5. FEI Number <b>59-3604987</b>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**JONATHAN BERNARD**

Street Address (P.O. Box Number is Not Acceptable)  
**6434 FOXBRIAR TRAIL**


Suite, Apt. #, Etc.

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32818-1325**

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 **7/1/2005**


REGISTERED AGENT MUST SIGN

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	JONATHAN BERNARD	6434 FOXBRIAR	ORLANDO/FLORIDA/3218-1325

200058786972  
08/19/05--01050--027 \*\*150.00

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  **JONATHAN BERNARD** Date **7/1/2005** Daytime Phone # **(321) 299-4818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Robinson and Robinson Inc.

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JULY 1, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that MO MUZIK ENTERTAINMENT, INC. ORLANDO. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P04000031223

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson