

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 12 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000039706

1. Corporation Name

BAYAHIBE MUSIC INC

2. Principal Office Address - No P.O. Box #

2030 NE 196 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

2030 NE 196 TERRACE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

REINSTATEMENT
CR2E081 (12/05) 2008-09

4. Date Incorporated or Qualified To Do Business in Florida 03/16/05

5. FEI Number 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
STUART H. GLAUSER, CPA

Street Address (P.O. Box Number is Not Acceptable)
14446 WEST DIXIE HIGHWAY

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33161

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 1/9/09

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	TABARE CEDENO	2030 NW 196 TERRACE	NMB, FL 33179
S, T	LESLIE SCHWIMMER	2030 NW 196 TERRACE	NMB FL 33179

000143474390
02/12/09--01012--012 **\$600.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08

Date

Daytime Phone #