

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2007 JUL 13 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 94-07

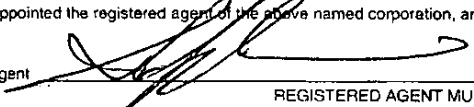
CR2E081 (12/05)

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P38812</b>			
1. Corporation Name <p style="text-align: center;"><b>FLY-HI MUSIC, INC.</b></p>			
2. Principal Office Address <i>c/o Jerome H. Katz</i> <b>3 New York Plaza</b>		3. Mailing Office Address <i>c/o Jerome H. Katz</i> <b>3 New York Plaza</b>	
Suite, Apt. #, etc. <b>19th Floor</b>		Suite, Apt. #, etc. <b>19th Floor</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>	
Zip <b>10004</b>	Country <b>U.S.A.</b>	Zip <b>10004</b>	Country <b>U.S.A.</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>5/14/92</b>	
5. FEI Number <b>13-2725230</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>Safa Mansouri</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2804 St. Johns Bluff Road South</b>	
Suite, Apt. #, Etc. <b>Ste # 200</b>	
City <b>Jacksonville</b>	State <b>FL</b>
Zip Code <b>32246</b>	

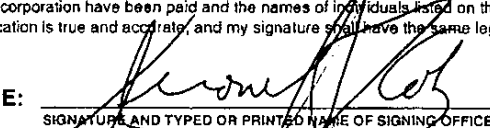
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: **7/1/07**

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
Pres	Scott E. Solomon	3 New York Plaza	New York, NY 10004
VP&CO	JEROME H. KATZ	3 New York Plaza	New York, NY 10004

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:  Date: **7/1/07** Daytime Phone #: **212-837-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/07