

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

00 OCT 16 AM 10:20

DOCUMENT # P96000027514

1. Corporation Name

KULCHA SHOK MUZIK, INC

Principal Place of Business

Mailing Address

1218 DREXEL AVE. #203  
MIAMI BEACH FL 33139

1218 DREXEL AVE. #203  
MIAMI BEACH FL 33139



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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3435642

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	O'BRIEN, LANCE	1218 DREXEL AVE., #203	MIAMI BEACH FL 33139

000003437080--9  
-10/24/00--01087--003  
\*\*\*150.00 \*\*\*150.00

10/13/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BRIEN, LANCE S  
1218 DREXEL AVE., #203  
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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  
REGISTERED AGENT MUST SIGN

Date 10/13/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LANCE S O'BRIEN

Date 10/13/00 (305) 5346110  
Daytime Phone #

CR2E040 (800)

# KULCHA SHOK MUZIK, INC.

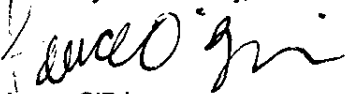
1218 DREXEL AVE #203  
MIAMI FLORIDA 33139  
(305) 534-6110  
FAX: (305) 285-0443  
WWW.KULCHASHOK.COM M  
EMAIL: LANCEO8@HOTMAIL.CO

October 12, 2000

To whom it may concern:

I received a notice from your office today. It states "second notice annual report/uniform business report, informing each corporation that it would be dissolved/revoked on or after September 13th if the report was not filed, were sent to the last address provided to this office on June 9th of this year". Since this notice was of dissolved/revoked, I called (850) 487-6059 and spoke to agent Tyrone Scott. He suggested I write this letter and ask for the penalties to be waived because this was the first and only notification I received. I'd like it to be understood that my address has remained the same since the date of incorporation 3/28/96. So I've enclosed the \$150.00 filing fee, please accept this on behalf of your fellow agent's suggestion and my timely response. Thank you for being understanding.

Sincerely and truthfully,



Lance O'Brien

President, Director and registered agent of Kulcha Shok Muzik, Inc.