

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **456028**
1. Corporation Name
Miami Tape, Inc.

FILED

98 MAR 30 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business
550 W. 84th Street **550 W. 84th Street**
Hialeah, FL 33014-3616 **Hialeah, FL**
US **33014-3616**
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 7/30/74	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1552708	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Garcia, Carlos	510 NW 32nd Ave.	Miami, FL
SD	Gonzalez, Dario	8180 NW 103 Street	Hialeah, FL
VD	Page, Roberto	8180 NW 103 Street	Hialeah, FL
TD	Moreno, Jose A.	17200 NW 86 Avenue	Hialeah, FL
D	Page, Jose	8180 NW 103 Street	Hialeah, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Garcia, Carlos 510 NW 32nd Ave. Miami, FL		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City		State FL	Zip Code 33014
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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 **X Jose A. Moreno (PO)**
REGISTERED AGENT MUST SIGN

Date **X 3/25/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **X Carlos Garcia** **X 3-25-98** **X 305-658-9211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E040 (6/94)