

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



99 MAY 19 AM 9:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA2000091394**
 Corporation Name **SES Records Inc**

Principal Place of Business: **17045 NW 11th ST. Pembroke Pines, FL 33028**
 Mailing Address: **SAME**

REINSTATEMENT 98-99

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	5. FEI Number
	17045 N.W. 11th ST	10/23/97	65-0801981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip 7L33028 Country U.S.A.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State Zip
Pres.	Rene Cubas Jr.	17045 NW 11th ST.	Pembroke Pines FL 33028
V.P.	Cleveland Delaney Jr.	835 MACON PLACE	Uniondale N.Y. 11553

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 ****900.00 ****500.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Rene Cubas Jr. 17045 N.W. 11th ST Pembroke Pines FL 33028	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]* REGISTERED AGENT MUST SIGN Date: **5/12/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* **Rene Cubas Jr.** 5/12/99 954-704-7913
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)