PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 9911AY 19 AH 9: 29 DOCUMENT # 14 f. Corporation Name SLUA MASSES, FLORIDA Kecords INC Principal Place of Business Mailing Address 17045 NW 1115T. SAME Pembroke Pines, 71 33028 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 17045, N. W. 1114 ST Suite, Apt. #, etc. 2 New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. 5. FEI Number Crise State City & State ZiD \$8.75 Additional Fee required for a Certificate of Status Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Trile(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State Zip 17045 NW 1114 ST. KES 835 MACON PLACE Cleveland Delaney Jr. Uniondale NY 11553 **800002892238---5** -06/02/99--01033--009 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Age Kene Cubas I Street Address (P.O. Box Number is Not Acceptable) 045 N.W. 115T Suite, Apt #, Etc State | Zip Code corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side tor information on intangit le (ax.) Intangible Personal Property Tax due June 30. Yes 📙 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 ce tify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of socion 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.