PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
98 MAR 30 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 456028

1. Corporation Name
Miami Tape, Inc.

Mailing Address
550 W. 84th Street
Hialeah, FL 33014-3616
US

Principal Place of Business
550 W. 84th Street
Hialeah, FL
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
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
7/30/74

5. FEI Number
59-1552708
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X
$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)

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
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

3/31/98

8. Name and Address of Current Registered Agent

Garcia, Carlos
510 NW 32nd ave.
Miami, FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

700002477127--4
-04/02/98--01082--015
****308.75 ****308.75

CR2E040 (6/94)

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 [signature] Carlos Garcia X 3-25-98 X 305-558-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #