

APPROVAL
AND
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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P98000805583			
1. Corporation Name V.P. RECORD DISTRIBUTORS, INC.			
2. Principal Office Address - No P.O. Box # 89-05 138 STREET SUITE, APT. #, etc.		3. Mailing Office Address 89-05 138 STREET SUITE, APT. #, etc.	
City & State JAMAICA, NY		City & State JAMAICA, NY	
Zip 11435	Country USA	Zip 11435	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 10/6/1998		5. FEI Number 11-3446323	
6. CERTIFICATE OF STATUS DESIRED		\$875 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD SUITE, APT. #, etc. CITY PLANTATION State FL Zip Code 33324			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S. Signature of Registered Agent: <u>Mick Wul</u> Date: <u>1-3-13</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VINCENT CHIN	89-05 138 STREET	JAMAICA / NY / 11435
S	ANGELA CHUNG	6022 SW 21 ST STREET	MIRAMAR / FL / 33023
T	CHRISTOPHER CHIN	89-05 138 STREET	JAMAICA / NY / 11435
D	PATRICIA CHIN	89-05 138 STREET	JAMAICA / NY / 11435
10. E-mail Address: <u>rchin@vprecords.com</u> (To be used for future annual report notifications)			
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., and that all fees owed by the corporation have been paid. I further certify, the information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <u>Vincent Chin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/2/13	718-425-1100 Original Phone #

REINSTATEMENT 99-13

CR22093 (11/20)

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
V.P. RECORD DISTRIBUTORS, INC.**

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