

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 97886**

1. Corporation Name

Berrios Records, Corp

2. Principal Office Address

13450 SW 126 St

3. Mailing Office Address

13450 SW 126 Street

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

000024569370
11/10/03--01089--007 **1200.00

REINSTATEMENT 00-03
Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2436897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Berrios

Street Address (P.O. Box Number is Not Acceptable)

13450 SW 126 Street

Suite, Apt. #, Etc.

10

City

MIAMI

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent **X**

REGISTERED AGENT MUST SIGN

Date **10-27-03**

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/S/T	Daniel Berrios	10248 SW 156 St	MIAMI, FL 33196
VP	Alma Berrios	10248 SW 156 St.	MIAMI, FL 33196

10. 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Berrios

10-27-03

Date

Daytime Phone #

305-821

7988