

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H130418

1. Corporation Name
SOUTHEAST RECORDS & TAPES, INC.

Principal Place of Business
8671 N.W. 56th Street
Miami, Florida 33166

Mailing Address

FILED
97 DEC 24 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/24/1994

5. FEI Number 59-2432926

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, RODRIGUEZ, VINCENT, 8671 N.W. 56th Street, Miami, Florida 33166.

200002385082-7
-12/29/97-01133-011
***750.00 ***750.00

Handwritten: 12-24-97

8. Name and Address of Current Registered Agent

RODRIGUEZ, VINCENT
8671 N.W. 56th Street
Miami, Florida 33166

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

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 12/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X]

(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/18/97 Daytime Phone # (305) 591-3050

CR25040 (1-2-95)