

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

L02000029297

1. DOCUMENT # L02000029297

Name and Mailing Address

03 OCT 27 PM 2: 54

10/31

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CINEMARK MUSIC GROUP, LLC
520 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750-6187



REINSTATEMENT 2003

04/11/03 90013 001 \$50.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/01/2002	
Principal Place of Business 520 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 200130554	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DICKS, JACK W P.A. 520 CROWN OAK CENTRE DRIVE LONGWOOD FL 32750	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/24/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DICKS, J.W.	520 CROWN OAK CENTRE DRIVE	LONGWOOD FL 32750
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager SIGNATURE REQUIRED Date 10/24/03 Daytime Phone # 407-331-8004

Typed or printed name of signing Managing Member/Manager

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CINEMARK MUSIC, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

520 CROWN OAK CENTRE DRIVE

LONGWOOD, FLORIDA 32750

03 OCT 27 PM 2:54
TELEPHONE (407) 331-8004

October 24, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

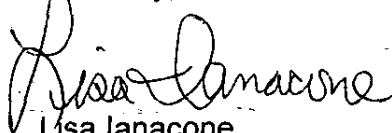
Dear Sir or Madame:

As per my phone call with one of your representatives (Lee) please find enclosed an application for reinstatement signed by the registered agent and a copy of the canceled check which was cashed by your division.

Our FEI number (20-0130554) is included on the form. I was told this document signed and the copy of our canceled check will be all you will need to reinstate this company as soon as possible.

Thank you for your attention to this matter.

Sincerely,



Lisa Ianacone
Administrative Assistant

Enclosures stated

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