

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 22 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SONY DISCOS, INC

204549

700007317307--5
-08/23/02--01070--020
****300.00 ****300.00

2. Principal Office Address

605 Lincoln RD

Suite, Apt. #, etc.

6th floor

City & State

Miami Beach, FL

Zip

333139

Country

US

3. Mailing Office Address

407 Lincoln RD

Suite, Apt. #, etc.

3rd floor

City & State

Miami Beach, FL

Zip

33139

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/26/1989

5. FEI Number

133531924

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

The Prentice-Hall Corporation System, Inc

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Brian Courtney
REGISTERED AGENT MUST SIGN
Asst. V Pres

Date **8/15/02**

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
VPD	Tyrell, Thomas C	550 Madison Ave	New York, NY 10022
PD	Welzer, Frank	605 Lincoln RD	Miami Beach, FL 33139
S	Eichorst, Ann	550 Madison Ave	New York, NY 10022
T	Peirats, Georgina	605 Lincoln RD	Miami Beach, FL 33139
D	Bowlin, Robert	550 Madison Ave	New York, NY 10022

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)(b), 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

Georgina Peirats

Date

Daytime Phone #

8-19-02 (305) 915-3656

75 8/22/02