

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1996 NOV 20 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99210 (0)**

1. Corporation Name

GLOBAL MUSIC, CORP.

Principal Place of Business

Mailing Address

**16295 N.W. 13TH AVENUE
SUITE B
MIAMI, FLORIDA 33169**

**16295 N.W. 13TH AVE
SUITE B
MIAMI, FLORIDA 33169**

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

2. New Principal Office Address, if Applicable

16295 N.W. 13TH AVENUE

3. New Mailing Address, if Applicable

16295 N.W. 13TH AVENUE

Suite, Apt. #, etc.

SUITE B

City & State

MIAMI, FLORIDA 33169

Suite, Apt. #, etc.

SUITE B

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

55-0076075

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	COLONOMOS, BENJAMIN	16295 N.W. 13TH AVENUE SUITE B	MIAMI, FLORIDA 33169
DVS	COLONOMOS, ALBERTO	16295 N.W. 13TH AVENUE SUITE B	MIAMI, FLORIDA 33169

000002013660--2
-11/26/96--01027--006
*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

**LEON EGOZI, C.P.A.
19495 BISCAYNE BOULEVARD
SUITE 705
AVENTURA, FLORIDA 33180**

9. Name and Address of New Registered Agent

Name
COBER CORPORATE AGENTS, INC.
Street Address (P.O. Box Number is Not Accepted)
2601 South Bayshore Drive, 19th Fl.
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33133**

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

BY

MICHAEL A. BERKE, TREASURER

Date

11/18/96

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

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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], PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96
Date

305-620-1401
Daytime Phone