PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -2 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46424

1. Corporation Name

AMERICAN LATIN MUSIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM VELEZ PRES. 421 W 54 ST NEW YORK NY 10019	C/O WILLIAM VELEZ PRES. 421 W 54 ST NEW YORK NY 10019

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

REINSTATEMENT 1996 MW 12-2-96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
55 Music Square East	55 Music Square East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nashville, TN	City & State: Nashville, TN
Zip: 37203 Country: Davidson	Zip: 37203 Country: Davidson

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1991

5. FEI Number: 59-1974775 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SCHINDLER, CATHERINE	81598 HOLLYWOOD BLVD	LOS ANGELES CA 90069
PD	VELEZ, WILLIAM	421 W 54 ST, FLR 4	NEW YORK NY 10019
D	APONTE, EDWIN	8663 NW 56 ST	MIAMI FL 33166
D	CARDENAS, HENRY	1254 N WELLS	CHICAGO IL
DV	GARCIA, EMILIO	240 E 47TH ST, STE 12B	NEW YORK NY
D	ALFONSO, TERESA	GENERAL MITRE 207	BARCELONA SPAIN FL 08023

8. Name and Address of Current Registered Agent

HERNANDEZ-TORANO, JORGE L
C/O HOLLAND & KNIGHT
701 BRICKELL AVE
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

000002019720--8
-12/04/96--01097--009
****236.25 ****236.25

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11/7/96

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM VELEZ, PRESIDENT

10/31/96 Date (615) 320-0055 Daytime Phone #

CR2E040 (7/96)