


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 197000001915			
1. Corporation Name OPERATIC, CONCERT & THEATRE ARTISTS, INC.			
2. Principal Office Address 1315 SW 21st St.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33145	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 4/4/97			
5. FEI Number 660490854			Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Gonzalo MADURGA			
Street Address (P.O. Box Number is Not Acceptable) 1315 SW 21st			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33145
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 Gonzalo Madurga		Date 2-14/06	
REGISTERED AGENT MUST SIGN			
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
President	Gonzalo Madurga	1315 SW 21st St.	Miami, Florida 33145
Director	Ernesto Leston	1315 SW 21st	Miami, Florida 33145
Director	Joseph Gálvez	921 Cypress Blvd - Bldg 99	Apt 508 Pompano Beach, Florida
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)(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: Gonzalo Madurga GONZALO MADURGA 2/14/06 305-858-0365			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E081 (9/99)