

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 26 PM 2:38

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000003025**

1. Corporation Name

**ETHNIC MUSIC AND THEATRICAL
SOCIETY, INC**

2. Principal Office Address

7800 W OAKLAND PK BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip **33351** Country **US**

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-99

5. FEI Number

65-091875V

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

ALEXANDER MATOS

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

8850 NW 17TH ST

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

3332V

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

Alexander Matos

Date

2/25/01

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
D	ALEXANDER MATOS	8850 NW 17ST	PLANTATION FL 3332V
D	BERNICE MATOS	8850 NW 17ST	PLANTATION FL 3332V
D	DEBRA DIMINO	1053V NW 10 CT	PLANTATION FL 3332V

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:

Alexander Matos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/01 9547V-885V

Daytime Phone #

10F3

01-02
UBR

05/19/01 90278 021# 61.25

CR2E081 (9/01)

20F2

STEVEN R. BOMSER C.P.A., P.A.

7540 N.W. 5th Street, Suite 1 • Plantation, Florida 33317
954-791-7997 • fax 954-791-7160 • sbomser@aol.com

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

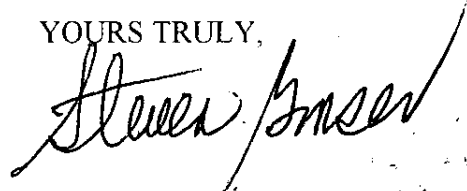
GENTLEMEN:

ENCLOSED PLEASE FIND A COPY OF THE 2001 UNIFORM BUSINESS REPORT
THAT WAS FILED LAST YEAR ALONG WITH A COPY OF THE CHECK THAT
PAID THE FEE.

I WAS INFORMED BY MS. EULA PETERSON THAT THE CORPORATION WAS
REJECTED FOR NOT LISTING THREE DIRECTORS. THE CLIENT STATES THAT
HE NEVER RECEIVED THE REJECTION LETTER FROM THE STATE. PLEASE
REINSTATE WITHOUT PENALTY UNDER THE CIRCUMSTANCES.

ALSO BEING FILED IS THE 2002 UNIFORM BUSINESS REPORT.

YOURS TRULY,



STEVEN BOMSER

3053



ACCOUNT NO. : 072100000032

REFERENCE : 414998 7106539

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : February 26, 2002

ORDER TIME : 9:57 AM

ORDER NO. : 414998-005

CUSTOMER NO: 7106539

CUSTOMER: Steven R. Bomser, Cpa
Steven R. Bomser, C.p.a., P.a.
7540 N.w. 5th Street, Suite I

Fort Lauderdale, FL 33317

Patricia Pajot

DOMESTIC FILINGS

NAME: ETHNIC MUSIC AND THEATRICAL
SOCIETY, INC.

RECEIVED
02 FEB 26 AM 11:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____