

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -4 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055139

1. Corporation Name

Death Wish Records of Miami Inc

300008286883--4
-10/09/02--01043--024
*****300.00 *****300.00

2. Principal Office Address

7135 Collins Ave

Suite, Apt. #, etc.

Apt 706

City & State

Miami Beach FL

Zip

33141

Country

USA

3. Mailing Office Address

P.O. Box 960933

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33296

Country

U.S.A

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

12/00.

5. FEI Number

65-1060013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Eddie Gorordo

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

7135 Collins Ave

Suite, Apt. #, Etc.

Apt 706

City

Miami Beach

State

FL

Zip Code

33141

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

Eddie Gorordo

REGISTERED AGENT MUST SIGN

Date

9/30/02

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
CEO	Eddie Gorordo	7135 COLLINS AVE. #706	MIAMI BEACH FL 33141
VP	Orlando Espinosa	7135 COLLINS AVE. #706	MIAMI BEACH FL 33141

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:

Eddie Gorordo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02 305-582-4025

Date

Daytime Phone #

9/10/02

Death Wish Records Of Miami, Inc
7135 Collins Ave
Apt 706
Miami Beach, FL 33141
Tel.305-582-4025/FAX.786-263-0406
www.pocalik.com

Sept 26, 2002

Florida Department Of State
Divisions of Corporations
P.O.Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is an letter is to inform you that we did not get our past reports .and because of this our company
Has been dissolve due to not paying any annual fees.

Please reinstate our company and also send us a new certificate.and make note of our new address.

Enclose you will find two checks made out to the Department of Corporations

1/Past dues

2/Copy of new certificate

Sincerely,

Eddie Gorordo
CEO
Death Wish Records Of Miami

Enclosures (3)