

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10/28

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P0000061956

1. Corporation Name  
GREEK MUSIC & VIDEO, INC.

Principal Place of Business

Mailing Address

11 N. PINELLAS AVENUE  
TARPON SPRINGS FL 34689

~~11 N. PINELLAS AVENUE  
TARPON SPRINGS FL 34689~~  
PO Box 2009  
ASTORIA, N.Y. 11102



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/22/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3653412	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	PETERS, MICHAEL	152 MCELROY AVENUE	FORT LEE NJ 07024

300000726569  
10/31/02--01055--002 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOUSKOUTIS, MICHAEL  
35 WEST LEMON STREET  
TARPON SPRINGS FL 34689

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10-28-02

REGISTERED AGENT MUST SIGN

11. 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:

*Michael Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

718-932-8400

Daytime Phone #

10/28/02



2

## GREEK MUSIC & VIDEO SUPERSTORE, INC.

25-50 31st Street • P.O. Box 2009 • Astoria, NY 11102-0001

Tel: (718) 932-8400 - Fax: (718) 932-4911 - Toll Free: (800) GREEK 22

Ref: Greek Music & Video  
Document # P00000061956  
Application for Reinstatement

October 25, 2002

DIVISION OF CORPORATIONS  
ANNUAL REPORT / REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE FL, 32314-6327

Dear Sir or Madam:

I am the president and owner of Greek Music & Video Inc. and I received your letter / certificate of dissolution dated October 04, 2002 (copy enclosed).

Enclosed please find the appropriate UBR fees of \$ 150. plus \$ 8.75 for a certificate of status. We kindly request that you waive the reinstatement fee due to the fact that the two prior UBR notices were not received.

If further information is needed for the application of reinstatement please feel free to call us at 718-932-8400.

Sincerely yours,

Michael Peters

President