

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Nov 20, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P00000071940**

1. Corporation Name

SHANGAI MUSIC, INC.

Principal Place of Business

**1440 J.F. KENNEDY CAUSEWAY
SUITE 416
NORTH BAY VILLAGE FL 33141**

Mailing Address

**1440 J.F. KENNEDY CAUSEWAY
SUITE 416
NORTH BAY VILLAGE FL 33141**

600009154666
11/21/02--01097--016 **900.00



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

**2843 N.W. 2 AVE
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**2843 N.W. 2 AVE
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/2000

City & State

MIAMI FLA

City & State

MIAMI FLA.

Zip

33127

Country

USA

Zip

33127

Country

USA

5. FEI Number

651029117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

PD

AYALA, VALENTIN V

1440 J.F. KENNEDY CAUSEWAY SUITE

NORTH BAY VILLAGE FL 33141

8. Name and Address of Current Registered Agent

SANCHEZ, RALPH H.

1440 J.F. KENNEDY CAUSEWAY

SUITE 416

NORTH BAY VILLAGE FL 33141

9. Name and Address of New Registered Agent

Name

ANGELA Z. DANINO

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

2098 N.E. 181 ST.

Suite, Apt. #, Etc.

City

N.H.B.

State

FL

Zip Code

33162

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

11-21-02

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:

SIGNATURE REQUIRED
Valentin Ayala A. 9/21/02 305-573-3531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)