

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

Jackson Page 102  
FILED

02 OCT 29 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073456

1. Corporation Name

EFFECTIVE MUSICAL PRODUCTIONS, INC.

Principal Place of Business

14342 SOUTHWEST 163RD STREET  
MIAMI FL 33177-1812

Mailing Address

14342 SOUTHWEST 163RD STREET  
MIAMI FL 33177-1812

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2000

5. FEI Number

65-1038630

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
PSD	SUAREZ, ERNESTO	14342 SOUTHWEST 163RD STREET	MIAMI FL 33177
			300008673633 10/29/02--01130--003 **150.00

02 UBR  
1178

8. Name and Address of Current Registered Agent

RIEGLER, JAMES  
9002 SOUTHWEST 152ND STREET  
MIAMI FL 33157-1928

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 (305)971-8391

Date

Daytime Phone #

CR2E040 (802)

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14342 S.W. 163 Street  
Miami, Florida 33177

Florida Department of State  
Mr. Jim Smith  
Secretary of State  
Division of Corporations  
Tallahassee, Florida 32314

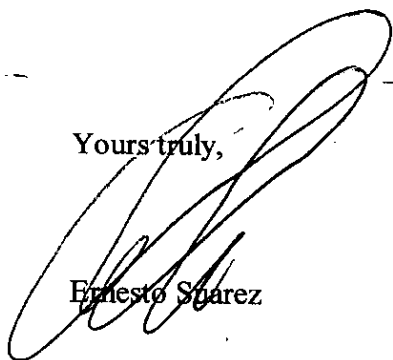
October 21, 2002

To Whom It May Concern:

This is to inform you of the receipt of a Notice of Administrative Dissolution of Revocation, document # P00000073456, directed to this corporation: Effective Musical Productions, Inc., located at 14342 S.W. 163 Street, Miami, Florida, FEI number 65-1038630. The undersigned, Mr. Ernesto Suarez, President, hereby certifies having mailed out a payment of \$150.00 in June 2002 with the second uniform business report notice as the first one was never received, and was in the understanding that your office had received such payment. However, the above mentioned notice indicated the contrary and to remain in good standing a check for \$150.00 and the received notice will accompany this letter at this time, in the hopes to solve this matter and have the corporation status of this business reinstated.

Thanking you for your cooperation in this matter, I remain,

Yours truly,

  
Ernesto Suarez