

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # P0000080663

1. Corporation Name
FASAR MUSIC, INC.

FILED
 01 DEC 17 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

5601 COLLINS AVENUE SUITE 615 MIAMI BEACH FL 33140
 5601 COLLINS AVENUE SUITE 615 MIAMI BEACH FL 33140



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

2. New Principal Office Address, If Applicable
8665 BURTON WAY 312

3. New Mailing Office Address, If Applicable
8665 BURTON WAY

Suite, Apt. #, etc. **312** Suite, Apt. #, etc. **312**

City & State **LOS ANGELES, CA** City & State **LOS ANGELES, CA.**

Zip **90048** Country **USA** Zip **90048** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **08/25/2000**

5. FEI Number **65-1034254** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SARMIENTO, LUIS	5601 COLLINS AVENUE SUITE 615 8665 BURTON WAY #312	MIAMI BEACH FL 33140 LOS ANGELES, CA. 90048
D	FAID, VIRGINIA	5601 COLLINS AVENUE SUITE 615 8665 BURTON WAY #312	MIAMI BEACH FL 33140 LOS ANGELES, CA. 90048
			400004746584--0 -01/02/02--01024--025 ****750.00 ****750.00
REINSTATEMENT 01/18			

8. Name and Address of Current Registered Agent

~~SARMIENTO, LUIS~~
~~5601 COLLINS AVENUE~~
~~SUITE 615~~
~~MIAMI BEACH FL 33140~~

9. Name and Address of New Registered Agent

N
 E ARAZOZA & FERNANDEZ-FRAGA P.A.
 2100 SALZEDO STREET
 SUITE 300
 C CORAL GABLES, FL. 33134
 Zip Code **FL**

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** Date **12/3/01**
 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:  **SIGNATURE REQUIRED** Date **12/3/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/01)