


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 12 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
BOTTOM GROUNDS RECORDS, INC
P00000103985

REINSTATEMENT 02-03

2. Principal Office Address
500 N.E. 58 ST
Suite, Apt. #, etc.

3. Mailing Office Address
500 N.E. 58 ST
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI, FL

Zip Country
33137 USA

Zip Country
33137 USA

4. Date Incorporated or Qualified To Do Business in Florida
NOV. 6, 2000

5. FEI Number
65-0974301

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

000019564990
05/20/03--01022--005 **908.75

7. Name and Address of Current Registered Agent

Name
JAMES C. DUNN III

Street Address (P.O. Box Number is Not Acceptable)
500 N.E. 58 ST


Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33137

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  **REGISTERED AGENT MUST SIGN**

Date **MAY 7, 2003**

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
P/D	JAMES C. DUNN III	500 N.E. 58 ST	MIAMI, FL 33137
VP/D	CHRISTOPHER DUNN	500 N.E. 58 ST	MIAMI, FL 33137
VP/D	RAYMOND DUNN JR	17001 N.W. 18 th AVE	MIAMI, FL 33056

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:  **JAMES C. DUNN III**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **MAY 7, 2003**

Daytime Phone # **305-759-8702**

CR2E081 (10/02)

5/12/03
JD