

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 FEB -7 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000116695

1. Corporation Name

ACOSTA MUSIC, INC.

200005064782--3

-03/07/02--01061--014

\*\*\*\*600.00 \*\*\*\*600.00

REINSTATEMENT 01-02

04-17-01 90154 008 8150-00

2. Principal Office Address

3252 SW 173th

3. Mailing Office Address

3252 SW 173th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMAR

City & State

MIRAMAR, FLORIDA

City & State

FLORIDA

Zip

33029

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1064246

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

HOFFMAN, COREY E

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

3250 MARY ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

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
Pres	ACOSTA GEORGE	3252 SW 173th	MIRAMAR, FL. 33029.
Sec	ACOSTA GEORGE	3252 SW 173th	MIRAMAR, FL. 33029.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02

305-490-0401

CR2E081 (9/00)