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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 10 PM 2:19 TALLAHASSEE, FLORIDA	
DOCUMENT # 901000012511					
1. Corporation Name Trimusic Distribution Group, Inc.  4872 SW 77nd Avenue					
2. Principal Office Address 4872 SW 77nd Avenue  Suite, Apt. #, etc.		3. Mailing Office Address   Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33155	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 02/02/2001	
5. FEI Number 75-3020502				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Albert J Xiques, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 101 Madeira Avenue					
Suite, Apt. #, Etc.					
City Coral Gables				State FL	Zip Code 33134
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 _____ Date 08/05/04 REGISTERED AGENT MUST SIGN					
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	
PSD	Antonia Luis Calsina	8472 SW 77nd Avenue		Miami, FL 33144	
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: 		8/9/2004		305-663-0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/04)

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August 9, 2004

Corporate Reinstatement Section  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Trimusic Distribution Group, Inc.  
Doc No. P01000012511

Dear Sirs:

In recently preparing to sell a parcel of real property owned by the Company, we got a telephone call from the closing agent stating that they checked on the status of our corporation, and it was inactive. We confirmed this by checking the website. We never received the annual reports in question (nor the notice that the corporation was going to be dissolved). And, indeed both our office and the office of our attorneys were both relocated in 2002. Therefore, after we investigated this, we determined that the report was probably sent to an old address. Therefore, this is to request that the Department waive the reinstatement fee, as we never got the annual report/UBR form.

We enclosed a completed reinstatement form, and \$450.00 representing the annual fees for 2002, 2003 and 2004.

Very truly yours,



Trimusic Distribution Group, Inc.