

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 16 AM 8:00

DOCUMENT # *PO1000029500*
1. Corporation Name
Republica Musicana, Inc.
Republica Musicana, Inc.
PO 000029500
4875 N. Federal Highway
5956 E.Pima

2. Principal Office Address
4875 N. Federal Highway

Suite, Apt. #, etc.
10th Floor

City & State
Ft. Lauderdale, FL

Zip
33308

Country
USA

3. Mailing Office Address
5956 E.Pima

Suite, Apt. #, etc.
130

City & State
Tucson, AZ

Zip
85712

Country
USA

REINSTATEMENT *02-04*

4. Date Incorporated or Qualified
To Do Business in Florida March 21, 2001

5. FEI Number
77-0634412

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C. Glenn Leonard

Street Address (P.O. Box Number is Not Acceptable)
4875 N. Federal Highway

Suite, Apt. #, Etc.
10th Floor

City
Ft. Lauderdale

State
FL

Zip Code
33308

100039256651
07/16/04-01042-010-1058.75

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

C. Glenn Leonard

REGISTERED AGENT MUST SIGN

Date
May 18, 2004

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	Alberto Aguilera Valadez	2801 Pinto Lane	Las Vegas, NV 89107
V	Lucero Zapata Paez	10245 Huxley Cross Lane	Las Vegas, NV 89144
S/T	Edward V. LaCambra	5956 E. Pima, Suite 130	Tucson, AZ 85712

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:

Lucero Zapata Paez

Lucero Zapata Paez 5/18/04

(702) 243-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)