

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 10 PM 3:40

DOCUMENT # P01000035101

1. Corporation Name

U.R. MUSIC CORP

400160550774
09/10/09--01037--010 **1200.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

5880 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 1201

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

5880 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 1201

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/01

5. FEI Number
65-1095427

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

VICTORIA E ECHEVERRI

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

5880 COLLINS AVENUE

Suite, Apt. #, Etc.

SUITE 1201

City

MIAMI BEACH

State

FL

Zip Code

33140

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Sep 3/09

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
PD	VICTORIA E ECHEVERRI	5880 COLLINS AVENUE, STE 1201	MIAMI BEACH, FL 33140

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 contained in Chapter 119, 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:

VICTORIA E ECHEVERRI

Sep 3/09

786-486-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #