

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

DOCUMENT # P01000064969

1. Corporation Name

PELO MUSIC, INC.

**REINSTATEMENT** 04  
MPS

2. Principal Office Address

5225 COLLINS AVENUE

Suite, Apt. #, etc.

1602

City &amp; State

MIAMI BEACH, FL

Zip

33140

Country

3. Mailing Office Address

2100 SALZEDO STREET

Suite, Apt. #, etc.

300

City &amp; State

CORAL GABLES, FL

Zip

33134

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/2001

5. FEI Number

65-1117159

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

## 7. Name and Address of Current Registered Agent

Name

ARAZOZA &amp; FERNANDEZ-FRAGA, P.A.

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

2100 SALZEDO STREET

Suite, Apt. #, Etc.

300

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 817.0503, F.S.

Signature of  
Registered Agent

Date 12-13-04

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
DVS	APRILE, MARIA	5225 COLLINS AVE STE 1602	MIAMI BEACH, FL 33140
DPT	APRILE, RUBEN	5225 COLLINS AVE STE 1602	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 817, 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 817.0401, 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 #