

ADDITIONAL
REINSTATEMENT AND
FILED
New address

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 38

04 NOV 29 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000067068

1. Corporation Name
ONE BLOOD RECORDS, INC
DBA / ONE BLOOD

2. Principal Office Address
1945 PRESIDENTIAL WAY

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip Country
33179 USA

REINSTATEMENT 02-04

4. Data Incorporated or Qualified To Do Business in Florida

5. FEI Number
30-0618116

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
MICHAEL ELPERT, PRES

Street Address (P.O. Box Number is Not Acceptable)
1945 PRESIDENTIAL WAY

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0606 or 817.0603, F.S.

Signature of Registered Agent [Signature] Date 11-8-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| CEO | MARVIN ANDERSON | 420 NW 104 TR | MIAMI FL 33150 |
| PRES | Michael ELPERT | 1945 PRESIDENTIAL WAY | MIAM. FL 33179 |
| | | | |
| | | | |

300042634423
11/12/04--01053--003 **1050.00

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 807 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 807.0401 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 118.07(8)(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] Pres Date 11/4/04 Daytime Phone # 305 467-5182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ELPERT, PRES