

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000085294

1. Corporation Name
CIOCAN MUSIC, INC.

Principal Place of Business Mailing Address
 8757 NORTHWEST 189TH TERRACE MIAMI FL 33018
 8757 NORTHWEST 189TH TERRACE MIAMI FL 33018



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State *Miami A*
 Zip *33018* Country *US*

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip *33018* Country

4. Date Incorporated or Qualified To Do Business in Florida **08/29/2001**

5. FEI Number Applied For
 Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	CANCIO, HUGO M	8757 NORTHWEST 189TH TERRACE	MIAMI FL 33018
S	CANCIO, VIVIANKA	8757 NORTHWEST 189TH TERRACE	MIAMI-FL 33018

000003810520
 11/05/02--01085--028 **150.00

8. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN
 Date *10/27/2002*

11. 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 *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *10/27/2002* Daytime Phone #

CR2E040 (8/02)

CIOCAN MUSIC

Miami Florida, October 28, 2002

To whom it may Concern

Please be advised that we have not received any previous notification or mail from the Florida Department of State regarding any notice of reports/Annual nor Business Reports.

We are a legitimate business and cannot afford to have our corporation dissolved. We moved our business offices from 8758 NW 189 Terr, Miami FL, 33018 to 19250 NW 89th Court Miami Florida, 33018 over five months ago. In order to secure our mail, while we were moving, we temporarily change our address to a Postnet office address: 8591 NW 186 ST. Miami Florida, 33015. It is here when our problems began, we never received any mail at any of our three addresses, we complained to the central transfer offices of the US postal services and after several months we began to receive regular mail again some of it with a three months delay stamp on it.

It was just three days ago that we received your correspondence advising us of the dissolution of our Florida Corporation.

We are herein respectfully requesting your office to consider these facts and wave the penalty fees, enclosed please find a check in the amount of \$ 150.00 for reinstatement.

Kind Regards


Hugo Cancio
President