

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044736

1. Corporation Name

NECCORD ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

9050 NE 8TH AVE., #2  
MIAMI SHORES FL 33138

9050 NE 8TH AVE., #2  
MIAMI SHORES FL 33138



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/18/2002	
City & State		City & State		5. FEI Number	
Zip		Zip		01-0672517	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARQUEZ, NECTARIO J	9050 NE 8TH AVE., #2	MIAMI SHORES FL 33138

000024923790  
11/21/03--01034--007--\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARQUEZ, NECTARIO J  
9050 NE 8TH AVE., #2  
MIAMI SHORES FL 33138

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
Zip Code	

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)*  
REGISTERED AGENT MUST SIGN

Date 11/19/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/19/2003 (305) 7610 3442  
Daytime Phone #

CR2E040 (7/03)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

I recently received the "Notice of Administrative Dissolution or Revocation" Document # P02000044736, from it I learned, and I quote from the Notice: "To maintain 'Active' status, every corporation must file, in a timely manner, with the department of State, a corporation annual report/uniform business report".

This was my first year with the corporation, and until I received the above-mentioned Notice I was completely unaware of this obligation in my part. I did not received the original annual report notice, and for that reason I was unable to file the report and pay the dues in a timely manner.

For this reason I appreciate that the penalties are waived. I will in this occasion file the report that accompanies the Notice and send along with it, the check for US\$ 158.75 (The report's fee plus the fee for the Certificate of Status)

Thank You.

Nectario Márquez  
Miami 11/16/2003.