

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 18 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053121

1. Corporation Name

**Melodico Productions, Inc.**

500109562385  
09/18/07--01020--006 \*\*458.75

**REINSTATEMENT** 05-07  
CR2E081 (7/07)

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

8964 West Flagler Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33174

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/2002

5. FEI Number

46-0484324

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

Juan Carlos Zuluaga

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

8964 West Flagler Street

Suite, Apt. #, Etc.

209

City

Miami,

State

FL

Zip Code

33174



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 09/10/2007

**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	Juan Carlos Zuluaga	8964 West Flagler Street STE 209	Miami, FL 33174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS ZULUAGA

Date

9/10/07 (305) 2444019

Daytime Phone #