	<b>,</b>	PLEASE READ	ALL INST	RUCTION	NS BEFORE C	OMPLET	ING THIS FO	DRM.		
	PLICAT FOR ISTATEN			DEPARTM Glenda E. Secretary of the control of the c	of State		FIĽED			
DOCUMENT # P0200076580						03 OCT 31 AM 10: 54				
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DIPLO	MAT MU	SIC COMPANY				17111	LAMANOEE, FLO	RIDA		
Principal Place of Business Mailing Address										
8890 NW T MIAMI FL 3			8890 NW TERR MIAMI FL 33172							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							REINSTATEMENT 03			
		ddress, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     07/15/2002				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Applied For		
City & State			City & State			6.			Not Applicable	
Zip Country			Zip Country			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Add	resses of Each Officer and/o	or Director (Flo	rida nonprofit coi	rporations must list at lea	ast 3 directors)				
Title(s) Name of Officers and/or Directors			Street Address of Ead Officer and/or Direct							
D BRADMAN, DAVID				8890 NW TER	90 NW TERR		MIAMI FL 33172			
							<del>DD2433</del> 03010530		50.00	
•										
					<del>-</del>	<u>-</u>		<del>-</del> -		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
RIVERO, MANNY Street Address (P						P.O. Box Number	is Not Acceptable)			
					Suite, Apt. #, Etc.					
					City			State 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 \_

9163411 614111

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

## Diplomat Music Company 8890 N.W. 24 Terrace Miami, FL 33172

October 24, 2003

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: #P02000076580

Gentlemen:

Attached you will find our Reinstatement Form along with our check #7045 in the amount of \$150.00. After speaking to your office we were told that we should have file by May 1, 2003 the 2003 UBR, which was never received by our office.

Please correct our address since it is incorrect:

Diplomat Music Company 8890 N.W. 24 Terrace Miami, FL 33172

We respectfully request that the penalty be abated since we feel there was reasonable cause since we never received the form, and we have taken the necessary precautions to prevent this from happening in the future.

Thank you in advance for your cooperation in this matter.

Sincerely,

David Bradman

David Bradman Director