## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P02000120567** 1. Entity Name MUSICAL INTERPRETATIONS, INC. 06 NOV -2 AM 9:50 Principal Place of Business Mailing Address 1111 BRICKELL BAY DRIVE 1111 BRICKELL BAY DRIVE MIAMI. FL 33131 # 1102 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business 333 33 ARMON 11012006 REIN-P CR2E098 (11/05) # 6046 City & State 4. FEI Number Applied For OR. 30-0138494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWARD, ALAN W Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL BAY DRIVE MIAMI, FL 33131 33 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pegistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change HOWARD, ALAN W. #604E ☐ Delete TITLE TITLE HOWARD, ALAN W NAME NAME STREET ADDRESS STREET ADDRESS 1111 BRICKELL BAY DRIVE MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP GUTZEIT, VICKI I. SCHARE 2641 GATELY DRIVEWEST #1803 ☐ Addition Delete TITLE TITLE GUTZEIT, VICKI J NAME NAME STREET ADDRESS 1111 BRICKELL BAY DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition 600081472296 NAME NAME STREET ADDRESS 11/02/06--01033--001 \*\*150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 600081472296 11/02/06--01033--002 \*\*\*8.75 NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute tyles report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR