PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

DOCUMENT # 02000131609 1. Copresion Name WEST AVENUE RECORDING STUDIO, INC. 905.N:STINDIACUS WITH THE PROPERTY OF THE PROPER		PORATION STATEMEN	т 😺	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				04 MAR -3 AM 8: 46 SECHETARY OF STATE TALLAHASSEE PLORIDA				
Suite, Apt. 4, etc. Size Suite Size S	1. Corporate WEST / 405 N	ion Name AVENUE RE STHIBISCU	CORDING STU s Drive - 1	DIO, INC. 1203	•		E	DEINIC	*	3. 23° 3.23°		
City & State Country Country City & Country Ci	2. Principal Office Address 3. Mailing Office Address							MEMNO.	iMê	TIME!	0.5-	<u> </u>
City & State City & State	Suite, Apt. #	, etc.		Suite, Apt. #, etc.								
7. Name and Address of Current Registered Agent Name LEVINSON, EDWARD E. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, PH-SE Suite, Apt. #, Etc. City MIAMI BEACH State Sup Code FL 33139 8. I, being appointed the registered agent of the above gamed comprisition and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors AUSTRALE Address of Each Officer and/or Directors Name of Officers and/or Directors Officers and/or Directors NIAMI BEACH, FL 33139								5. FEI Number Applied				
Name of Officers and/or Directors Name of Officers	Z IP			210		Country		G. CERTIFICATE	OF STATU	S DESIRED 7 58.75 for a	dditional Fe Certificate o	e required f Status
LEVINSON, EDWARD E. Street Address (P.O. Box Number is Not Acceptable) O3/03/0401043001 **301.75 Suite, Apt. #, Etc. City MIAMI BEACH State Zip Code 33139 8. 1, being appointed the registered agent of the above gamed comprision, armanimiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pecistree Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors Nam				7. N	ame and A	Address of Cur	rent Register	red Agent				
Signature of Registered Agent		Street Address 407 LINCO Suite, Apt. #, Et	(P.O. Box Number is I LN ROAD, PH- c.	Not Acceptable) SE				41 03/03	3/1)4 State	-01049001 Zip Code	**30°.	.75
Titles Name of Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director DPS KAISER, JENNIFER 405 N. HIBISCUS DR - #203 MIAMI BEACH, FL 33139 10. Lecrify 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 filling 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 fee 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)(f), F.S. The information indica	Signature of	, <i>G</i>	Levae	D. 3	lu	mon	d accept the o	obligations of section				
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SIGNATURE: JUAN AUT COULD 2/24/04 SIGNATURE AND TYPED OF PRUTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this rei owed b on this	instatement application to the corporation is application is true	ition, the reason for di nave been paid and th	ssolution has beer e names of individ signature shall ha	n eliminated luals listed ave the san	d, the corporate on this form do ne legal effect a	name satisfie not qualify for s if made und	s the requirements an exemption und	of section	n 607.0401 or 617.0401 119.07(3)(i), F.S. The in 2/ 34 /04	, F.S., that al nformation in	li fees

LAW OFFICES

EDWARD E. LEVINSON, P.A. PENTHOUSE SOUTHEAST 407 LINCOLN ROAD

407 LINCOLN ROAD
MIAMI BEACH, FLORIDA 33139-3020

TELEPHONE (305) 534-617,1 TELEFAX (305) 538-5504 eelpa@earthlink.net

February 26, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Reinstatement of West Avenue Recording Studio, Inc.

Document # 02000131609

Dear Ladies or Gentlemen:

In speaking with the Reinstatement Division of the Florida Department of State, Division of Corporations, wherein I advised them that because of the wrong address they entered for the above corporation my client never received the Annual Report form for 2003. The address used was 549 W Avenue, Miami Beach, Florida 33139. The address that should have been used was 549 West Avenue, Miami Beach, Florida 33139. I was advised that that penalty fee would be waived, and the only fees would be for the years 2003 and 2004 to reinstate the corporation.

In connection therewith, I am enclosing the Application for Reinstatement of the above corporation, along with my client's check in the amount of \$308.75, which represents the filing fee in the amount of \$300.00, the fees for 2003 and 2004 in the amount of \$150.00 each, and \$8.75 for the Certificate of Status. I would appreciate you forwarding to me the Certificate of Status in the enclosed self-addressed, stamped envelope.

If you have any questions or need anything further, please call me.

Sincerely,

EDWARD E. LEVINSON TELEPLE

EEL/dlm Enclosures

Cc: West Avenue Recording Studio, Inc.

Attn: Jennifer Kaiser, President

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