

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02000131609

1. Corporation Name

WEST AVENUE RECORDING STUDIO, INC.
405 N. Hibiscus Drive - #203
MIAMI BEACH, FL 33139

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/16/02

5. FEI Number

46-0516050

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

LEVINSON, EDWARD E.

Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN ROAD, PH-SE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

400029814274

03/03/04--01049--001 **30.75

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

Edward E. Levinson

Date 2/24/04

REGISTERED AGENT MUST SIGN

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
DPS	KAISER, JENNIFER	405 N. HIBISCUS DR - #203	MIAMI BEACH, FL 33139

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 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:

Jennifer Kaiser

2/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER KAISE, President

Date

Daytime Phone #

CR2E081 (01/04)

LAW OFFICES

EDWARD E. LEVINSON, P.A.
PENTHOUSE SOUTHEAST
407 LINCOLN ROAD
MIAMI BEACH, FLORIDA 33139-3020

TELEPHONE (305) 534-6171
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

EEL/dlm

Enclosures

Cc: West Avenue Recording Studio, Inc.
Attn: Jennifer Kaiser, President

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