PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 26 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P05000015912

1. Corporation Name
NAGOYA MUSIC PRODUCTION CORP.

REINSTATEMENT 07-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
947 SPRING PARK LOOP	947 SPRING PARK LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CELEBRATION, FL	CELEBRATION, FL
Zip: 34747 Country: USA.	Zip: 34747 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 01/31/2005

5. FEI Number 20-2263555-8 ☐ 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
DOMINGAS T. DE MENEZES

Street Address (P.O. Box Number is Not Acceptable)
947 SPRING PARK LOOP

Suite, Apt. #, Etc.

City: CELEBRATION State: FL Zip Code: 34747

☑ 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: Domingas Menezes (REGISTERED AGENT MUST SIGN) Date 11/24/2008

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
D/P	DOMINGAS T. DE MENEZES	947 SPRING PARK LOOP	CELEBRATION, FL 34747
D/VP	JORGE L. MENEZES	947 SPRING PARK LOOP	CELEBRATION, FL 34747
D/S	TOMASO I DE MENEZES	947 SPRING PARK LOOP	CELEBRATION, FL 34747
D/T	GABRIEL I DE MENEZES	947 SPRING PARK LOOP	CELEBRATION, FL 34747

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: Domingas Menezes DOMINGAS MENEZES PRESIDENT 11/24/2008 (407) 566-8071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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