

2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

2007 FEB -5 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/27/06 9068 047 15400



01242007 REIN-P CR2E098 (1/07)

4. FEI Number: **20-293914** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

DOCUMENT # P05000079985

1. Entity Name
MEDINA RECORDS, INC.



Principal Place of Business: **1119 WEST FLAGLER STREET SUITE # 12 MIAMI, FL 33130**

Mailing Address: **5451 NW 167 STREET MIAMI, FL 33055**

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

6. Name and Address of Current Registered Agent

**MEDINA, ORLANDO J
5451 NW 167 STREET
MIAMI, FL 33055**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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 registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: MEDINA, ORLANDO J	
STREET ADDRESS: 5451 NW 167 STREET	
CITY-ST-ZIP: MIAMI, FL 33055	
TITLE: VP/T	<input type="checkbox"/> Delete
NAME: MARTINEZ, LUCIA	
STREET ADDRESS: 5451 NW 167 STREET	
CITY-ST-ZIP: MIAMI, FL 33055	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
000087413320 02/06/07--01005--004 **150.00	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
B 2/6/07 REINSTATEMENT 06-07	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby 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 this 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: _____ Date: **1/24/07** (305) 545-8625 Daytime Phone #