

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -2 PM 12:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000087572

1. Corporation Name

SANTIAGO MUSIC INC.

2. Principal Office Address - No P.O. Box #

621 9TH ST SW

Suite, Apt. #, etc.

3. Mailing Office Address

621 9TH ST SW

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34117

Country

USA

Zip

34117

Country

USA

REINSTATEMENT 09-11
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6-17-05

5. FEI Number

20-2996969

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

MIGUEL A. SANTIAGO

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

621 9TH ST SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

800196639648

03/03/11--01003--012 **450.00

03/3 Per K.B.

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

Miguel A. Santiago

REGISTERED AGENT MUST SIGN

Date 2/25/11

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	Santiago, Miguel A.	621 9th St SW	Naples, FL 34117

10. E-mail Address: NEWELL LONNA@YAHOO.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Miguel A. Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/11

Date

(239) 370-6897

Daytime Phone #