

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000147722

1. Entity Name  
THE DEY MUSIC INC.



FILED

07 MAY 29 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
12460 SW 96TH STREET  
MIAMI, FL 33186

Mailing Address  
12460 SW 96TH STREET  
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 06-07

4. FEI Number

20-3865186

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANCIO-BELLO, EMILIO  
12460 SW 96TH STREET  
MIAMI, FL 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CANCIO-BELLO, EMILIO  
STREET ADDRESS 12460 SW 96TH STREET  
CITY-ST-ZIP MIAMI, FL 33186

☐ Change ☐ Addition  
400104226874  
06/11/07--01054--004 \*\*\$900.00

TITLE D ☐ Delete  
NAME RIVERA, ELAN L  
STREET ADDRESS 50 W. 93RD STREET, APT. 7J  
CITY-ST-ZIP NEW YORK, NY 10025

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME TORRES, RAFAEL  
STREET ADDRESS 2704 WALLACE AVENUE, APT. 42 SOUTH  
CITY-ST-ZIP BRONX, NY 10467

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
x6/c

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2107

212-2684080

Date

Daytime Phone #