

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000141257**

1. Corporation Name

**MUSICEAU CORP**

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

**5084 NW 114 Place**

Suite, Apt. #, etc.

City & State

**Doral, FL**

Zip

**33178**

Country

**USA**

3. Mailing Office Address

**2500 NW 79th Avenue**

Suite, Apt. #, etc.

**STE 169**

City & State

**Doral, FL**

Zip

**33122**

Country

**USA**

**REINSTATEMENT**

**10-12**

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/08/06**

5. FEI Number

**20-5887868**

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

**Oscar I Moreau**

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

**5084 NW 114 Place**

Suite, Apt. #, Etc.

City

**Doral**

State

**FL**

Zip Code

**33178**

**900236790629**  
**06/25/12--01012--004 \*\*1050.00**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

**SIGN HERE**

Date **06/18/12**

**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
P,D	Oscar I Moreau	5084 NW 114 Place	Doral, FL 33178
VP,D	Lianis D. Moreau	5084 NW 114 Place	Doral, FL 33178

10. E-mail Address: **musiceau@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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/12 706 471 5251

Date

Daytime Phone #

FILED

12 JUN 25 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FL 32304