

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000023064

1. Corporation Name

BROTHERS MUSIC BOUTIQUE, INC.

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

5825 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5825 NE 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

US

Zip

33137

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

MARIO PIERRE

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

1149 NE 160 TERRACE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

☒ 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

REGISTERED AGENT MUST SIGN

Date **03/26/2010**

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	LOUIS, GARY	922 NE 199ST APT 205	MIAMI FL 33179
VP	PIERRE LOUIS, JOHNNY	17660 NW 73RD AVE #202	MIAMI FL 33015

9/4/13

10. E-mail Address: **THAFUSA@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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS, GARY

03/26/2010 3053055996

Date

Daytime Phone #

FILED
10 APR 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400175471974
04/13/10--01003--013 **450.00

REINSTATEMENT 08-10