

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 16 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000119126

1. Corporation Name

BACK HOUSE RECORDS, INC.

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

1911 NW 59th Way

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

Zip

33313

Country

3. Mailing Office Address

1911 NW 59th Way

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

Zip

33313

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2007

5. FEI Number
22-3971709

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 By:

Natalia Utrera
Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN

Date 10-1-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	YUSEF IBN-MUJAHID	1911 NW 59th Way	Lauderhill, FL 33313
V	RAS YAHKAEEM J. THOMAS	1911 NW 59th Way	Lauderhill, FL 33313

REINSTATEMENT

RH

300161820963
10/16/09 01006 004 **300.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

YUSEF IBN-MUJAHID, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/09 404 604-7420
Date Daytime Phone #