

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P13000092919

1. Corporation Name

**Artillery Music Inc**

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

92 SW. 3rd St.

Suite, Apt. #, etc.

Apt.4402

City & State

Miami, FL.

Zip

33130

Country

USA

3. Mailing Office Address

92 SW. 3rd St.

Suite, Apt. #, etc.

Apt.4402

City & State

Miami, FL.

Zip

33130

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11-14-2013

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
None Desired

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Josias G De La Cruz

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

92 SW 3rd St.

Suite, Apt. #, Etc.

Apt. 4402

City

Miami

State

FL

Zip Code

33130

500288370995  
07/26/16--01053--019 \*\*500.00  
500288370995  
07/26/16--01053--023 \*\*500.00  
500288370995  
07/26/16--01053--022 \*\*250.00

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

Date 7-19-16

REGISTERED AGENT MUST SIGN

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
CEO	Josias G De La Cruz	92 SW. 3rd St. Apt 4402	Miami, FL. 33130
P	Marco E. Masis	350 S. Miami Ave. Apt. 1103	Miami, FL. 33130
VP	Misael De La Cruz	Hacienda Real Calle Jazmin Del #322 J-8	Carloina, PR. 00986

Reinst.  
2014-2016  
DC 08/11/16

10. E-mail Address: artillerywork@gmail.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-16

787-932-8921

Date

Daytime Phone #