PLEAS	E READ A	LL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
ION	CW SW	FLORIDA DEPARTMENT OF STATE	
1011		Sandra B. Mortham	

APPLICAT FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 APR -8 AMII: 37 P92000011215 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA **ULTIMATE MUSICAL PRODUCTIONS CORPORATION** Mailing Address Principal Place of Business 3630 N.W. 17TH ST. 3630 N.W. 17TH ST. MIAMI FL 33125 MIAMI FL 33125 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business In Florida 12/09/1992 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0391994 City & State Not Applicable 6. \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIR 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) PEREZ, JUAN J 3630 N.W. 17TH ST. **MIAMI FL 33125** 3630 N.W. 17TH STREET PEREZ, JUAN J. **MIAMI FL 33125** 10740 S.W 135 reasu 0002485476 -04/10/38---01103---025 ****908.75 ****908.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent PEREZ, JUAN J Street Address 3630 N.W 17TK ST. **MIAM! FL 33125** Suite, Apt. #, Etc. City State | Zip Code

10. I, being appointed the registered agent of the above parced corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent

13-31-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 🔀

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: O NAME OF SIGNING OFFICER OR DIRECTOR

