

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUL 11 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006951

1. Corporation Name

PMS ENTERTAINMENT GROUP INC

Principal Place of Business

Mailing Address

2555 SW 21st Terrace  
Miami, FL 33145

PO BOX 523314  
Miami, FL 33252



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

4. Date Incorporated or Qualified  
To Do Business in Florida

1/28/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0385162

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	ORO, ZUMMY	2555 SW 21st Terrace	Miami, FL 33145
VP/D	COLUMBIE-ORO, NICOLAS	2555 SW 21st Terrace	Miami, FL 33145

8000006359638--3  
-07/12/02--01059--002  
\*\*\*\*\*600.00 \*\*\*\*\*600.00

8. Name and Address of Current Registered Agent

ZUMMY ORO  
2555 SW 21st Terrace  
Miami, FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/2/02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/2/02

Daytime Phone #

CR2E040 (8/99)

PMS ENTERTAINMENT GROUP, INC  
PO BOX 523314  
MIAMI, FL 33252

JULY 2, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN

WE REQUEST CONSIDERATION IN ABATING THE PENALTY FOR NOT FILING OUR ANNUAL REPORT SINCE IT APPEARS THAT WE NEVER RECEIVED THE ANNUAL FORMS BECAUSE WE HAD MOVED OUR LOCATION IN 1999.

WE BECAME AWARE THAT OUR CORPORATION HAD BEEN ADMINISTRATIVE DISSOLVED FOR NOT FILING ITS ANNUAL REPORT BY OUR BANKING REPRESENTATIVE WHO WAS DOING COMPLIANCE REVIEW FOR THE BANK AT THE END OF LAST MONTH.

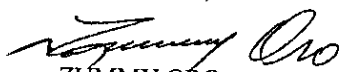
AFTER RESEARCH AND INQUIRY WE DETERMINE THAT SINCE WE HAD CHANGED OUR MAILING AND PHYSICAL ADDRESS THE FORMS WERE NEVER RECEIVED.

FURTHER, WE ARE ATTACHING A CHECK FOR \$600 TO COVER THE FILING FEES FOR THE YEARS 1999,2000,2001,2002.

FINALLY, PLEASE CONSIDER OUR REQUEST FOR REINSTATEMENT OF OUR CORPORATION AND ABATING THE LATE FILING FEE BASED ON REASONABLE CAUSE.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

SINCERELY,

  
ZUMMY ORO  
PRESIDENT