PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 10 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055447

1. Corporation Name

BARON VON BIELSKI MUSIC, INC.

Principal Place of Business	Mailing Address
~~285 NW 199TH ST~~ ~~SUITE 204~~ ~~MIAMI FL 33169~~	~~285 NW 199TH ST~~ ~~SUITE 204~~ ~~MIAMI FL 33169~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
899 W. Cypress Creek Road	899 W. Cypress Creek Road
Suite, Apt. #, etc. Suite 321	Suite, Apt. #, etc. Suite 321
City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale, Florida
Zip: 33309 Country: Broward	Zip: 33309 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/1993

5. FEI Number: 65-0426118 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BIELER, JASON	~~285 NW 199TH ST SUITE 204~~ 899 W. Cypress Creek Rd-Suite321	~~MIAMI FL 33169~~ Ft. Lauderdale, FL 33309
AS	APPEL, ALLAN F.	~~285 NW 199 ST #204~~ 899 W. Cypress Creek Rd-Suite321	~~MIAMI FL~~ Ft. Lauderdale, FL 33309

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-12/12/96--01103--013
****375.00 ****375.00

JB 12-11-96

8. Name and Address of Current Registered Agent

APPEL, ALLAN F
~~285 NW 199 ST~~ 899 W. Cypress Creek Road
~~SUITE 204~~ Suite 321
~~MIAMI FL 33169~~ Ft. Lauderdale, Florida 33309

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 _____ REQUIRED
REGISTERED AGENT MUST SIGN

Date November 22, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96 (954) 493-6500
Date Daytime Phone #

CR2E040 (7/96)

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