

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # <u>994000041907</u>		FILED 97 OCT 13 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT <u>90-97</u>	
1. Corporation Name MIAMI MUSIC CENTER, INC. 7091 N.W. 51 STREET MIAMI, FL 33166			
Mailing Address SAME Principal Place of Business <u>697-22694</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		DO NOT WRITE IN THIS SPACE	
5. FEI Number		707/28/94	
59-1737590		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT	OSCAR J. MEDEROS	7091 N.W. 51 STREET	MIAMI, FL 33166
TREAS.	GEORGE M. RODRIGUEZ	7091 N.W. 51 STREET	MIAMI, FL 33166
V. PRES.			
SECR.			
000002321220--2 -10/15/97-01087-031 ***923.75 ***923.75 JB 10-14-97			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GEORGE M. RODRIGUEZ 7091 N.W. 51 STREET MIAMI, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 <u>[Signature]</u>		Date 10/08/97	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u>[Signature]</u>		Date <u>9/19/97</u> (30) 9943909	

CR2E040 (8/94)