

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

97 DEC -1 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

APPLICATION  
**99AR**  
REINSTATEMENT

DOCUMENT # **P94000053578**

1. Corporation Name  
**RANA RECORDS, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>1717 N BAYSHORE DR<br/>1553<br/>MIAMI FL 33132<br/>US</b> | Mailing Address<br><b>1717 N BAYSHORE DR<br/>SUITE 2857<br/>MIAMI FL 33132</b> |
|---|--|



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

|   |   |   |
|---|---|---|
| 2. New Principal Office Address, If Applicable<br><b>10 Samana Drive</b><br>Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable<br>Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>07/18/1994</b>  |
| City & State<br><b>Miami, Fla.</b>  | City & State  | 5. FEI Number<br><b>65-0541576</b><br>Applied For<br>Not Applicable   |
| Zip<br><b>33133</b> Country<br><b>Dade</b>  | Zip<br>Country  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |

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         |
|------------|-------------------------------------|---|------------------------------|
| P          | ROMANO, D'ALDO                      | <del>1717 N BAYSHORE DR STE 1553</del><br>X<br>10 Samana Drive                        | MIAMI FL<br>Miami, FL. 33133 |
|            |                                     |   |                              |
|            |                                     |   |                              |
|            |                                     |   |                              |
|            |                                     |   |                              |
|            |                                     |   |                              |
|            |                                     |   |                              |

400002363674-5  
-12/04/97-01113-015  
\*\*\*585.00 \*\*\*585.00

APR 12/13

|   |   |
|---|---|
| 8. Name and Address of Current Registered Agent<br><b>ROMANO, D'ALDO<br/>1717 N BAYSHORE DR<br/>SUITE 2857<br/>MIAMI FL 33132</b> | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10 Samana Drive</b><br>Suite, Apt. #, Etc.<br>City<br><b>Miami,</b> State<br><b>FL</b> Zip Code<br><b>33133</b> |
|---|---|

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 *[Signature]* Date **11/28/97**  
THE REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* **Dardo Romano, President** Date **11/28/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25040 (8/97)