

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000055145**

1. Corporation Name

MOON RED MUSIC, INC.

2. Principal Office Address

6020 N. BAY ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL. FLORIDA

Zip

33140

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/94

SP

5. FEI Number

65-0511995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FLAVIO SANTANDER

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

6020 N. BAY ROAD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Flavio E. Santander

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	FLAVIO E. SANTANDER	6020 N. Bay Rd.	Miami Beach, FL 33140
VP	COLORIA SANTANDER	6020 N. Bay Rd.	Miami Beach, FL 33140

10. 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:

Flavio E. Santander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

(305) 867-0302

Daytime Phone #

CR2E081 (9/00)