

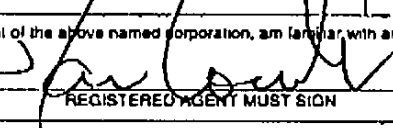
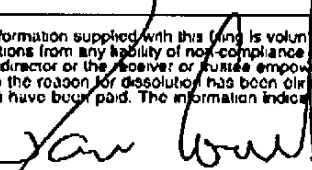
APR-21-88 WED 08:17 AM PAN COURTELIS

FAX NO. 3053728465

P. 02

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		H99 — 8990 6	
DOCUMENT # P94000069891 1. Corporation Name Alexandria Music, Inc.					
Principal Place of Business 2980 McFarlane Road Suite 211 Coconut Grove, FL 33133			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below					
2. New Principal Office Address, if Applicable 940 Lincoln Road Suite, Apt. #, etc. Suite 308 City & State Miami, FL Zip 33139		3. New Mailing Address, if Applicable 940 Lincoln Road Suite, Apt. #, etc. Suite 308 City & State MIAMI, FL Zip 33139		4. Date Incorporated or Qualified To Do Business in Florida 09/22/94	
				5. FEI Number 65-0538017	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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.P.	Courtellis, Pan	701 Brickell Avenue, Suite 1400	Miami, FL 33131		
B.T.					
8. Name and Address of Current Registered Agent Courtellis, Pan 701 Brickell Avenue Suite 1400 Miami, FL 33131			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  Date 4/16/99 REGISTERED AGENT MUST SIGN					
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 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: 		Pan Courtellis, Director (305) 379-8467 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CP2200 (12/93)

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 761-2910
Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

ALEXANDRIA MUSIC, INC.

Certificate of Status	0
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