APPLICATION FOR REINSTATEMENT FOR 1996.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

1996 DEC -2 PM 12:21

SECRETARY OF STATE

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation. DOCUMENT # P95000028220

Roly-Roll Records
P.O. Box 830995
Miami, FL. 33283

2. If Address in Block 1 is incorrect or has changed, enter correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 4-10-95

4. FEI Number

☑ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres.	Rolando Suarez	2815 SW. 107 Ave	Miami, FL. 33165
			400002022784--5 -12/06/96--01101--004 ****375.00 ****375.00

REINSTATEMENT

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Rolando Suarez.
2815 SW.107 Ave
Miami, FL. 33165

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL.

Zip Code

8. 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 x [signature] REGISTERED AGENT MUST SIGN Date x NOV. 26, 1996

9. 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 of Officer or Director x [signature] Date x NOV. 26, 1996 Phone # (305) 274-5230

Typed or printed name of signing officer or director x Rolando Suarez.

If a certificate of status is desired, check the box

CERTIFICATE OF STATUS DESIRED

$8.75 Additional Fee Required for a Certificate of Status