

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY -4 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033457

### 1. Corporation Name

**LION'S RECORDS, CD'S & TAPES INC.**

Principal Place of Business

**Mailing Address**

~~5320 N.W. 181ST TERRACE~~  
~~MIAMI FL 33095~~

~~5520 N.W. 101ST TERRACE~~  
~~MIAMI FL 33055~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

7460 A  
Suite, Apt. #, etc.

7460  
Suite, Apt. #, etc.

City & State 11 23076

City &amp; State \_\_\_\_\_ 71

Miami, FL 33012  
Zip 33015 Country U.S.A.

Zip	Country
33015	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1995

5. FEI Number

Applied For

**65-0576296**

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

**\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WRIGHT, KEVIN A	5520 N.W. 101ST TERRACE 7460 N Oakmont Dr.	MIAMI FL 33065 Miami FL 33015
VPO	Aurelien, Gueter	7460 N Oakmont Dr.	Miami FL 33015
			000003280490--8 -06/08/00--01003--005 ****750.00 ****750.00
			000003280490--8 -06/08/00--01003--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

TAYLOR, MICHAEL  
720 N.W. 148TH STREET  
MIAMI FL 33168

Name Kevin A. Wright  
Street Address (P.O. Box Number is Not Acceptable)  
7460 N Oakman Drive  
Suite, Apt. #, Etc.

City	State	Zip Code
Miami	FL	33015

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 X Kevin Wright REGISTERED AGENT MUST SIGN

Date 4/1/24/00

11. 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: V. Kevin Wright **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (305) 430-0007  
Date Daytime Phone #