

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 21 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P95000038396**

1. Corporation Name

CAIMAN Records America, Inc

2. Principal Office Address

5805 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 410

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Office Address

P.O. Box 520832

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33152-0832

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/95

5. FEI Number

65-0580967

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

Didier Pilon

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

5805 Blue Lagoon Drive

Suite, Apt. #, Etc.

Suite 410

City

Miami

State

FL

Zip Code

33126

100005259121-0
-04/15/02--01008--007 I
****450.00 ****450.00

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

REGISTERED AGENT MUST SIGN

Date **2-13-02**

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
President	Didier Pilon	5805 Blue Lagoon Drive Suite 410	Miami, Florida 33126

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

305-261-1902

Daytime Phone #

CR2E081 (9/01)

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5805 Blue Lagoon Drive
Suite 410
Miami, Florida 33126
PH: 305-261-1902
FAX: 305-266-4128

CAIMAN RECORDS AMERICA

March 11, 2002

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

REF: P95000038396

Dear Sir or Madam:

Following our telephone conversation, attached please find check # 1604 in the amount of \$450.00 to reinstate corporation for Caiman Records America, Inc.

We are hereby requesting a wave of late fees and penalties due to the fact that we did not receive the 2000 report.

If you have any questions concerning the reinstatement of Caiman Records America, Inc, please do not hesitate to contact our office at 305-261-1902.

Sincerely,

DIDIER PILON
President
Caiman Records America, Inc

