PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 NOV 15 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000068968**

1. Corporation Name

WEST BOCA MUSIC MART, INC.

Principal Place of Business	Mailing Address
23048 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428	23048 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428

REINSTATEMENT 99 A

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	4. Date Incorporated or Qualified To Do Business in Florida 09/07/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0610311 — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip — Country	Zip — Country	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CATALANO, ROBERT J	~~6175 NW 60TH DRIVE~~	PARKLAND FL 33067
		7095 NW 62nd terr.	
			900003058979——1
			-12/02/99--01059--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DICKENSON, DAVID B ESQ. 980 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON FL 33432	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 obligation of Section 607.0505, F.S.

Signature of Registered Agent _____ REQUIRED _____ Date 10-26-99

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: _____ REQUIRED _____ 10-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRZED40 (6/99)

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