PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra Be Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000093088

1. Corporation Name

BASELINE ENTERTAINMENT GROUP USA, INC.

Principal Place of Business

Mailing Address

-1604 C FOREST LAKES CIRCLE*
WEST PALM REACH FL 48406-

-1094-0 FOREST LAKES OROLE --

FILED

97 JAN -2 AM 11: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MESI TALM	BEACH FL 100100	***	FALM DENOTITE WHO					
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 2100 45th Street 2100 45 Street					Date Incorporated or Qualified To De Replace in Florida			
2100 4501 501000						To Do Business in Florida 12/07/1995		
Suite, Apt. #, etc. Suite, Apt. # Suite A-2A Suite			Api.#, eic. te A-2A			5. FEI Number A		
City & State City & State			State			#65-0623850 Not Applicable		
	Palm Beach, Fl	orida Wes	t Palm Beach,		6.	\$8.79	Additional Fee required	
Zip 33407	Country	ي م			CERTIFICAT	E OF STATUS DESIRED	r a Certificate of Status	
33407 7 Names an	Palm Be	ach 334 th Officer and/or Direct	or (Florida nonprofit corpo	rations must list at le	east 3 directors)			
	Name	of Officers	S	treet Address of Eac	:h	City / Sta	te / Zin	
Title(s) 1≢	Title(s) and/or Directors 2			Officer and/or Director 3 (Do NOT Use Post Office Box Number		4		
PSTD	BOSTIC, JANICE A		1694-C FORES	1694-C FOREST LAKES CIRCLE		WEST PALM BEACH FL 33406		
_,			1000020462718 -01/06/97-01004-019					
						****375.00	**************************************	
			1817		A44 1011 1011		9201	
				**************************************			1/0-1	
				REIN	STATE	MENTOLO		
	8. Name and Addres	ss of Current Register	ed Agent		9. Name and	Address of New Registered A	\gent ·	
THE RESIDENCE AND ALL PROPERTY AND ADDRESS.				Name				
	AW FIRM OF LAWREN	CE J SPIEGEL UHR	טו			(P.O. Box Number is Not Acceptable)		
	LMERIA AVENUE							
CORAL GABLES FL 33134				Sulte, Apt. #, Etc.				
		1	1 0	City		State FL	Zip Code	
10. I, being	appointed the registered a	gent of the above name	od porporation any tamiliar	with and accept the er, Chartel	obligations of Sec	tion 607.0505, F.S.		
Signature of Registered A		REGISHE	ED AGENT MUSICANONS			Date 9-23 -	-96	
11. Doe	es this corporat pt. of Revenue	ion pay any ir under S. 199.	ntangible tax to 032, Florida Sta	the atutes. Yes	s 🗆 No 🗆		le for Information ngible tax.)	
12. I certify this reins	that I am an officer or direct statement application, the I	stor or the receiver or tra reason for dissolution has naid and the names of	ustee empowered to execu	ite this application as rporate name satisfic form do not qualify fo	es the requirement or an exemption u	napter 607 or 617, F.S. I further ts of section 607.0401 or 617.0 nder section 119.07(3)(i), F.S. "	4U I, F.O., INBIBILIDES	
SIGNAT	SIGNATURE AN	ENICE ON PRINTED NA	AME OF SIGNING OFFICER O	R DIRECTOR		9-23-96 50 Date D	/- 6/6-9/00 aytime Phone #	