

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -8 PM 4:00

**DOCUMENT #P96000037625**

1. Corporation Name

Miami International Music Festival, Inc

2. Principal Office Address

c/o Jack Levine, PA, 16855 NE 2nd Ave

Suite, Apt. #, etc.

Suite 303

City & State

North Miami Beach, FL

Zip

Country

33162

USA

3. Mailing Office Address

c/o Jack Levine, PA, 16855 NE 2nd Ave

Suite, Apt. #, etc.

Suite 303

City & State

North Miami Beach, FL

Zip

Country

33162

USA

**REINSTATEMENT**

00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

4/30/1996

5. FEI Number

65-0667047

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jack Levine, CPA

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

16855 NE 2nd Avenue

Suite, Apt. #, Etc.

Suite 303

City

North Miami Beach

500004932045-5

02/18/02-01005-015

\*\*\*1050.00 \*\*\*1050.00

State

Zip Code

FL

33162

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

1/29/02

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 / Street / Zip
P/S/T/D	Viviane Ventura	791 Crandon Blvd, Ocean Tower II, # 1001	Key Biscayne, Florida 33149
D	Rudy Perez	5101 North Bay Road	Miami Beach, Florida 33140

AD

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

Date

Daytime Phone #

28-1-2002