

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 29 PM 4:27

SEC. 1  
TALLAHASSEE, FLA.

DOCUMENT # **P96000037625**

**1. Corporation Name**

Miami International Music Festival, Inc.  
c/o Jack Levine, PA  
16855 NE 2nd Avenue Suite 303  
North Miami Beach, Florida 33162

**2. Principal Office Address**

Viviane Ventura

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida** 4/30/96

**5. FEI Number**  
65-0667047

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 05-06**  
CR2E08147020  
11/28/06--01053--003 \*\*300.00

**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 303

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

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

11/28/06

**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
P	Viviane Ventura	785 Crandon Blvd.# 602	Key Biscayne, FL 33149
D	Rudy Perez	5101 North Bay Road	Miami Beach, FL 33140

**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 contained in Chapter 119, 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 #

**JACK LEVINE, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

VENTURE BUILDING  
18855 NORTHEAST 2ND AVENUE  
SUITE 303  
NORTH MIAMI BEACH, FLORIDA 33182  
TELEPHONE (305) 651-0400  
TELEFAX (305) 651-0811

2282

November 28, 2006

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**FEDEX TRACKING NUMBER**  
**8559 3326 5660**


RE: Miami International Music Festival, Inc.  
P96000037625

To Whom It May Concern:

Enclosed please find a completed reinstatement form for the above named taxpayer. In addition, we have enclosed check number 2408 for \$300.00. At this, we are asking to please wave the reinstatement fee for 2005 and 2006 because the notice for reinstatement was never received.

If you have any questions please contact my office.

Sincerely,



Jack Levine, P.A., CPA's  
CERTIFIED PUBLIC ACCOUNTANTS'

JL:sp

Encl.