

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 25 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000078325

1. Corporation Name

Con Tempo Studios, Inc.

2. Principal Office Address

12353 S.W. 132 Court

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip

33186

Country

U.S.A.

3. Mailing Office Address

12353 S.W. 132 Court

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip

33186

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/96

5. FEI Number

650720265

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

Miami Corporate Systems, Inc.

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

283 Catalonia Avenue

Suite, Apt. #, Etc.

2nd Floor

City

Coral Gables

State

FL

Zip Code

33134

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

3/21/02

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
D	Garces, Jose L.	12353 S.W. 132 Court	Miami, FL 33186
D	Garces, Mayda	12353 S.W. 132 Court	Miami, FL 33186

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

JOSE L. GARCES

Date

3/21/02 305-234-3536

Daytime Phone #

2 of 2

**RASCO REININGER PEREZ & ESQUENAZI, P.L.**  
**ATTORNEYS & COUNSELORS AT LAW**

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Of counsel

\*Board Certified-Business Litigation

March 21, 2002

**Via Federal Express**  
Division of Corporations  
Annual Reports Section  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: One Voice Productions, Inc. P95000055412**  
**Latin Door Corporation P94000041094**  
**Con Tempo Studios, Inc. P96000078325**  
**1Voice Publishing, Inc. P99000009096**

Dear Madam or Sir:

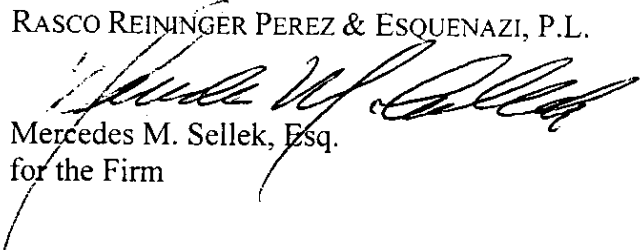
In connection with the above referenced corporations, we would request your consideration in granting waivers for the reinstatement of these companies.

The corporations are all closely held, family owned companies. As a result of a serious illness of one of the directors, the administrative filings were neglected and not completed resulting in dissolution of the companies.

We enclose for your review and processing the reinstatement forms together with the reinstatement filing fees. If you should have any questions, or if we may be of further assistance, please do not hesitate to contact us. We thank you for your consideration of our request.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.

  
Mercedes M. Sellek, Esq.  
for the Firm

MMS/ela  
Enc.

cc.: Mr. Jose Luis Garces (w/enc.)  
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