

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # *P9700007817*

1. Corporation Name

DILIDO SOUND INC.

FILED
00 OCT 27 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*420 Lincoln Rd
603
MIAMI BEACH, FL 33139*

*109 FIRST TERRACE DILIDO
MIAMI BEACH, FL
33139*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

205 E. RIVO ALTO DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

205 E. RIVO ALTO DR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/97

5. FEI Number

65-0719841

Applied For

Not Applicable

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>D</i>	<i>CURCIO, ARMANDO</i>	<i>205 E. RIVO ALTO DR</i>	<i>MIAMI BEACH FL 33139</i>

600003471896--9
-11/21/00--01024--021
***750.00 ***750.00

8. Name and Address of Current Registered Agent

*CURCIO, ARMANDO
109 FIRST TERRACE DILIDO
MIAMI BEACH, FL 33139*

9. Name and Address of New Registered Agent

Name

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

205 E. RIVO ALTO DR.

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/24/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00

Date

(305) 534-6353

Daytime Phone #