

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT -7 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007817

1. Corporation Name

DILIDO SOUND, INC.

400008329114--2

-10/11/02--01027--017

\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

205 E. RIVO ALTO DR.

3. Mailing Office Address

205 E. RIVO ALTO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FLA

City & State

MIAMI BEACH FLA

Zip

33139

Country

US

Zip

33139

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1/21/97

5. FEI Number

65-0719841

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

OVIES, IDA C

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

2307 DOUGLAS RD

Suite, Apt. #, Etc.

400

City

MIAMI

State  
FL

Zip Code

33145

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

*Ida Ovies*

Date

9/30/02

REGISTERED AGENT MUST SIGN.

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/D	CURCIO, ARMANDO	205 E. RIVO ALTO DR. MIAMI BEACH FL 33139	

REINSTATEMENT

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:

*Armando Curcio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/02

Daytime Phone #

305 447 8801

CR2E081 (9/01)