

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W06000033946

06 AUG -4 AM 8:53

REINSTATEMENT
CR2E081 (12/05)

DOCUMENT # P97000016942

1. Corporation Name

Maxi Sound Music Hall, Inc.

2. Principal Office Address

11854 West Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

11854 West Dixie Highway

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33161

Country

City & State

Miami, FL

Zip

33161

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/1997

5. FEI Number

65-0738149

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

Marie-Ange Olivier

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

1362 NE 145 St

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33161

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

Marie-Ange Olivier
REGISTERED AGENT MUST SIGN

Date

8/2/06

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
Owner	Timmer, Alix	11854 W. Dixie Highway	Miami, FL 33161

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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:

Alix Timmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/2/06

Daytime Phone #

B. Mitchell AUG 14 2006