

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044801**

1. Corporation Name

BOOM LATIN ROCK CORP.

Principal Place of Business

5700 COLLINS AVE
7A
MIAMI BEACH FL 33140

Mailing Address

P.O. BOX 398752
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1997

5. FEI Number

65-0780864

Applied For

Not Applicable

6. 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 3	City / State / Zip 4
D	POSADA, JULIO	5700 COLLINS AVE # 7A	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

POSADA, JULIO
5700 COLLINS AVE #7A
MIAMI FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

10/31/03 305-718-3612

CR2E040 (7/03)

10/31/03

RE: FEI Number 65-0780864

Gentlemen,

Respectfully I am sending this letter regarding the Reinstatement as corporation for Boom, Latin Rock Corp. for the year 2004, FEI Number 65-0780864.

Unfortunately I didn't receive the Completion Form for Corporation the first time; I check personally the PO Box every week and never got the renewal for in the first place.

We've been incorporated since 1997 and this has never happened. I tried to be very careful about these things, for some reason I still don't understand, I never got the application. Later, this week I received the Notice of Administrative Dissolution or Revocation.

I beg you to please consider accepting the standard renovation fee for this time only as it will never happen again.

Please, I also wanted to change the mailing address of the company, as I don't trust the PO Box anymore. You can change the mailing address to the Principal Place of Business address, which is

5700 Collins Ave Ste 7A
Miami Beach, FL 33140

I plead you to accept this renovation payment of \$ 150 with the check and the renovation form I am enclosing today.

I will be eternally grateful,

Sincerely,



Julio Rosada

Principal

Boom, Latin Rock Corp.