PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILEU HYISION OF CORPORAT OO MAY -5 AM 10: 31
DOCUMENT # P9700 Corporation Name ESSEME MUSIC CO	00 83377 DR PORR \$10N	
Principal Office Address	3. Mailing Office Address	`
11 HERITME COVE	1050 CHESTERFIELD CIR.	- TO A STATE OF THE STATE OF A ST
uite, Apt. #, etc.	Suite, Apt. #, etc.	REINSTATEMENT 98-00
	i	4. Date Incorporated or Qualified To Do Business in Florida 9-26-1997
ity & State	City & State	5. FEI Number Applied For
MSSELBEARY FILL	WINTER SPECINGS FL Zip Country	59-3474'003 , Not Applicable
Country U.S.A.	32708 Country V.S.A.	CERTIFICATE OF STATUS DESIRED S875 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name ENRIQUE GARDANO!		
Street Address (P.O. Box Number is Not Acceptable)		
50.45' ROLLING' ROAD DR05/12/01-0106-017		
Suite, Apt. #, Etc.		
City MIAM'1-		State Zip Code FL 33/56
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.		
ignature of egistered Agent		
Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zin
BIPAN - ENRIOUE GINDINO 6045 ROLLING ROLD DR. MIMI, 1		PAP DO MIRMI, FL 33156
NEW PANTONION VALER		CINCLE WINTER SARINBS, FL', 32708
DECTOR J. RAUL. VALER	Y 100 CHESTERFIELD C	
		1000032493412 -05/8/00-01006012 ************************************
this reinstatement application, the reason for diss owed by the corporation have been paid and the	olution has been eliminated, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated r

SIGNATURE:

2E081 (9/99)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #