

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	MAY 19 97 99 MAY 19 AM 9:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # P92000091394
 Corporation Name: SES Records Inc

Principal Place of Business: 17045 NW 11th St. Pembroke Pines, FL 33028
 Mailing Address: SAME

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/23/97	65-0801981
City & State	City & State	Applied For	Not Applicable
Zip	Zip	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State Zip
Pres.	Rene Cubas Jr.	17045 NW 11th St.	Pembroke Pines FL 33028
V.P.	Cleveland Delaney Jr.	835 Macon Place	Uniondale N.Y. 11553

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 ****900.00 ****500.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Rene Cubas Jr. 17045 N.W. 11th St. Pembroke Pines FL 33028	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.

Signature of Registered Agent: *[Signature]* Date: 5/12/99
 REGISTERED AGENT MUST SIGN

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]* Rene Cubas Jr. 5/12/99 954-704-7913
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/96)