

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000104510**

1. Corporation Name

**STAR MUSIC INC**

2. Principal Office Address  
**420 LINCOLN RD**

Suite, Apt. #, etc.  
**602**

City & State  
**MIAMI BEACH, FL**

Zip  
**33139**

Country  
**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**65-0799066**

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  
**VICTOR DANIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**420 LINCOLN RD**

Suite, Apt. #, Etc.  
**602**

City  
**MIAMI BEACH**

State Zip Code  
**FL 33139**

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

Date **03-27-2006**

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	VICTOR DANIEL	9165 SW 132 CT	MIAMI, FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-28-2006**

Date

**305-582-3012**

Daytime Phone #

**STAR MUSIC INC**  
420 LINCOLN ROAD  
SUITE 602  
MAIMI BEACH, FL 33139

Miami, March 28, 2006

**Department of State**  
**Division of Corporations**  
**Tallahassee, FL 32314**

**RE: P97000104510**

To Whom It May Concern:

Currently, my corporation is encountering a problem and would need the help of this Department to solve it. The problem arises upon never having received the 2004 UBR (Uniform Business Report) and because of this, the corporation was penalized.

In addition, after realizing that there was a problem with the mail, the corporation's mailing information was changed to the following:

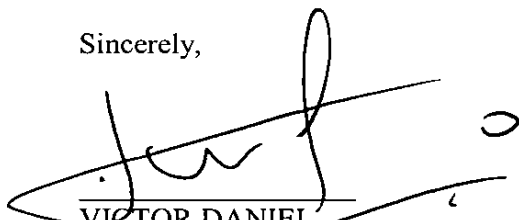
**OLD ADDRESS**  
9605 SW 132 COURT  
MIAMI FL 33186

**NEW ADDRESS**  
420 LINCOLN ROAD  
SUITE 602  
MIAMI BEACH, FL 33139

This petition is prepared given that the corporation has recently opened and handles very little activity. Thus, not allowing the corporation to be capable of paying such a large amount of money. An amount deemed unnecessary and unjust.

If in case the REINSTATEMENT is accepted, I would like to thank for understanding the situation presented and we promise to make this be the last time such a problem occurs.

Sincerely,



VICTOR DANIEL  
PRESIDENT