

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 10:19

DOCUMENT # P98000040211

1. Corporation Name

GOZANDO MUSIC, INC.

Principal Place of Business

Mailing Address

5005 COLLINS AVENUE
SUITE 322
MIAMI BEACH FL 33140

5005 COLLINS AVENUE
SUITE 322
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

8346 N.W. 5, River Drive

3. New Mailing Office Address, if Applicable

8346 N.W. 5, River Dr.

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Medley Florida

City & State

Medley Florida

Zip

33166

Country

Dade

Zip

33166

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1998

5. FEI Number

65-0909458

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVPD	FERNANDEZ, EDUARDO	5005 COLLINS AVENUE	MIAMI BEACH FL 33140
PD	FERNANDEZ, DAGOBERTO JR.	5005 COLLINS AVENUE	MIAMI BEACH FL 33140
SD	FERNANDEZ, DAGOBERTO SR.	5005 COLLINS AVENUE	MIAMI BEACH FL 33140
VPO	GARMONA, MELANO	5005 COLLINS AVENUE	MIAMI BEACH FL 33140
			700003031087-7
			11/01/99-01114-004
			***750.00 ***750.00
			10/10/26

8. Name and Address of Current Registered Agent

MARTINEZ, CLARO N
15327 N.W. 60TH AVENUE
SUITE 235
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name Jose Luis Corrales
Street Address (P.O. Box Number is Not Applicable)
8346 N.W. 5, River Drive
Suite, Apt. #, Etc.
Suite E
City Medley
State FL
Zip Code 33166

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

Jose Luis Corrales

Date 10-13-99

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dagoberto Fernandez Jr.

10-13-99

Date

(305) 223-1252

Daytime Phone #

CR2040 (8/99)