PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUN 30 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000040211

1. Corporation Name
Golando Music Inc

2. Principal Office Address
8346 N.W.S. River Dr.
Suite, Apt. #, etc.
Suite E
City & State
Medley Florida
Zip 33166 Country Dade USA

3. Mailing Office Address
8346 N.W.S. River Dr.
Suite, Apt. #, etc.
Suite E
City & State
Medley, Florida
Zip 33166 Country Dade USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 04-30-98

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. Name and Address of Current Registered Agent
Name Dagoberto Fernandez Jr.
Street Address (P.O. Box Number is Not Acceptable)
8346 N.W.S. River Dr. #E
Suite, Apt. #, Etc.
City Medley State FL Zip Code 33166

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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
REGISTERED AGENT MUST SIGN
Date June 26 2000

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.D	Dagoberto Fernandez Jr.	8346 N.W.S. River Dr #E	Medley Fl. 33166

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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 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
06-26-00
Date
(305) 823-1655
Daytime Phone #