

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 30 PH 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058954

1. Corporation Name

SOUTH LINE RECORDS, INC.

REINSTATEMENT

1999-2006 DSC

2. Principal Office Address
P.O. BOX 297408

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 297408

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip
33029

Country

City & State
PEMBROKE PINES, FL

Zip
33029

Country

4. Date Incorporated or Qualified
To Do Business in Florida 07/02/1998

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
SIMON MORALES

Street Address (P.O. Box Number is Not Acceptable)
19936 SW 3 PLACE

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33029

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

Simon Morales

REGISTERED AGENT MUST SIGN

Date 03-28-06

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	SIMON MORALES	P.O. BOX 297408	PEMBROKE PINES, FL 33029

300069642269
04/05/06--01049--009 **1200.00

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:

Simon Morales

SIMON MORALES

03-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 1999 FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



SIMON MORALES
PRESIDENT