H99000029579

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 PM 3:28

DOCUMENT # P98000071886

1. Corporation Name
BoGarT Records, Inc.

REINSTATEMENT 99

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 8/18/98
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1995-B N.E. 150Th Street	26 1995-B N.E. 150Th Street
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 North Miami FL	City & State: 28 North Miami FL
Zip: 24 33181 / County: 25 Miami-Dade	Zip: 29 33181 / County: 30 Miami-Dade

4. FEI Number: 65-0857174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Thomas E. Puccio
1995-B N.E. 150Th Street
North Miami, FL 33181

10. Name and Address of New Registered Agent

81 Name: Thomas E. Puccio
82 Street Address (P.O. Box Number is Not Acceptable): 1995-B N.E. 150Th Street
83
84 City: North Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Thomas E. Puccio by T.A. Hardy as attorney-in-fact 11/19/99
Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D Thomas Puccio 1995-B N.E. 150Th Street North Miami, FL 33181 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary Corbett 1995-B N.E. 150Th Street North Miami, FL 33181 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Ross 1995-B N.E. 150Th Street North Miami, FL 33181 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE Thomas Puccio by T.A. Hardy as attorney-in-fact 11/19/99 305-531-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H99000029579

NOV-19-99 01:19 PM MIAMI OFFICE 305 6729110 P.02

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000029579 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

BOGART RECORDS, INC.

RECEIVED
99 NOV 19 PM 12:54
DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00

Electronic Filing Menu **Corporate Filing** **Public Access Help**