

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P98000096912

1. Corporation Name

CONTINENTAL MUSIC DISTRIBUTORS, INC.

Principal Place of Business

6075 NW 82 AVE  
8014 NW 30TH ST.  
MIAMI FL 33166

Mailing Address

6075 NW 82 AVE  
8014 NW 30TH ST.  
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Continental Music Dist. Inc.

Suite, Apt. #, etc.

6075 NW 82 AVE

City & State

MIAMI, FL

Zip

33166

Country

USA

3. New Mailing Office Address, If Applicable

Continental Music Dist. Inc.

Suite, Apt. #, etc.

6075 NW 82 AVE

City & State

MIAMI, FL

Zip

33166

Country

USA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1998

5. FEI Number

105-0877148

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
PRES.	JULIO PENA	158 EAST 145T	HAIAKAK, FL. 33010
V.P.	JAIME MONSERRAT	12515 SW 22 TER	MIAMI, FL 33178
Secy Atres	JAIME MONSERRAT SR	10320 SW 130 AVE	MIAMI, FL. 33186

800003070258--5  
-12/14/99--01104--028  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

MONSERRAT, JAIME SR.  
10320 SW 130TH AVE.  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name JAIME MONSERRAT SR.

Street Address (P.O. Box Number is Not Acceptable)

10320 SW 130 AVE

Suite, Apt. #, Etc.

MIAMI, FL.

City

State

FL

Zip Code

33186

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

*Jaime*

REGISTERED AGENT MUST SIGN

Date 11-3-99

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jaime*

JAIME MONSERRAT

Date

11/3/99 (305) 718-8545

Daytime Phone #