

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 25 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

00-02

DOCUMENT # P99000028968

1. Corporation Name  
**OSSA MUSIC PRODUCTION, INC.**

2. Principal Office Address  
**4034 BONITA AVENUE**

Suite, Apt. #, etc.

3. Mailing Office Address  
**4034 BONITA AVENUE**

Suite, Apt. #, etc.

City & State  
**COCONUT GROVE, FL**

City & State  
**COCONUT GROVE, FL**

Zip  
**33133**

Country

Zip  
**33133**

Country

4. Date Incorporated or Qualified To Do Business in Florida  
**03/30/1999**

5. FEI Number  
**65-0920135**

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  
**BERNARDO OSSA**

Street Address (P.O. Box Number is Not Acceptable)  
**4034 BONITA AVENUE**

Suite, Apt. #, Etc.

**200005283322-3**

**-04717702-01011-007**

**\*\*\*1050.00 \*\*\* 050.00**

City  
**COCONUT GROVE**

State  
**FL**

Zip Code  
**33133**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date **3/19/02**

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	BERNARDO OSSA	4034 BONITA AVENUE	COCONUT GROVE, FL 33133
V/D	FLAVIO SANTANDER	420 LINCOLN RD #600	MIAMI BEACH, FL 33139

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: *[Handwritten Signature]* **BERNARDO OSSA**

Date **3/19/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

*[Handwritten Initials]*