

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000037601

1. Corporation Name

DIVA MUSIC CORPORATION

Principal Place of Business

Mailing Address

842 RAYMOND STREET
MIAMI BEACH FL 33141

842 RAYMOND STREET
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

5252 SUNSET DRIVE

3. New Mailing Office Address, If Applicable

5252 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33143

Country

MIAMI-DADE

Zip

33143

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

65-0915830

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED L

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOCCUZZI, FRANCESCO P	842 RAYMOND STREET 5252 SUNSET DR	MIAMI BEACH FL 33141 MIAMI FL 33143

300003460123-4

11/13/00-01005-019
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PAOLO, FRANCESCO
842 RAYMOND STREET
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Francesco Bocuzzi
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00

Date

Daytime Phone #

KE

2062

SILVERMAN & VICENS, P.A.

Certified Public Accountants

SAUL H. SILVERMAN, C.P.A.
ROLANDO VICENS, C.P.A.

SUITE 406
1550 MADRUGA AVENUE
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 667-4415
FAX (305) 669-3139

October 20, 2000

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Diva Music Corporation
DN P99000037601

To Whom It May Concern:

Taxpayer received a notice of Administrative Dissolution for the above referenced corporation. This corporation was formed in 1999.

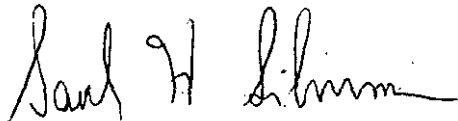
Due to a change of address, the taxpayer never received the original UBR 2000 or any other subsequent notices. This was the first year that the annual filing was required for the corporation and the taxpayer was unaware of this filing requirement.

The taxpayer received the notice of administrative dissolution when the current occupant of the address it was mailed to called them and notified the taxpayer that it had been received. No such call was made for previous mailings.

Enclosed is a completed application for reinstatement along with a check for \$ 150.00.

Taxpayer requests a waiver of the \$ 600.00 reinstatement fee due to reasonable cause as outlined above.

Sincerely,



Saul H. Silverman, C.P.A.