


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 JAN 14 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS.

DOCUMENT # P 99 0000 48449

1. Corporation Name
GRAN CAIMAN MUSIC Publishing, Inc

REINSTATEMENT 03-04

2. Principal Office Address
7863 NW 15th Street

3. Mailing Office Address
7863 NW 15th Street

700026982187
 01/14/04--01074--015 **900.00
 M.R.S

Suite, Apt. #, etc.

City & State
MIAMI, FL

4. Date Incorporated or Qualified To Do Business in Florida

Zip Country
33126 USA

5. FEI Number
65-6932870

Applied For
 Not Applicable

City & State
MIAMI, FL

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Dilcia Pilon

Street Address (P.O. Box Number is Not Acceptable)
7863 NW 15th Street

Suite, Apt. #, Etc.

City
MIAMI, FL 33126

State Zip Code
FL 33126

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 [Signature] Date 1-9-04

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>Dilcia Pilon</u>	<u>7863 NW 15th Street</u>	<u>MIAMI, FL 33126</u>

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: [Signature] Date 1-9-04 Daytime Phone # 305-468-3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)