

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000072756

1. Corporation Name

AUDIORAMA USA CORP.

Principal Place of Business

10200 NW 25TH STREET  
SUITE A-100  
MIAMI FL 33172

Mailing Address

10200 NW 25TH STREET  
SUITE A-100  
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

10200 NW 25th ST

Suite, Apt. #, etc.

SUITE A-100

City & State

MIAMI, FL

Zip

33172

Country

USA

3. New Mailing Office Address, If Applicable

10200 NW 25th ST

Suite, Apt. #, etc.

SUITE A-100

City & State

MIAMI, FL

Zip

33172

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1999

5. FEI Number

65-0940127

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	COSTA, JORGE S	10200 NW 25TH STREET SUITE A-100	MIAMI FL 33172
O	DURAN, RICARDO	10200 NW 25th ST SUITE A-100	MIAMI FL 33172

100003931981--8

03/30/01--01088--004

\*\*\*300.00 \*\*\*300.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

COSTA, JORGE S  
10200 NW 25TH STREET  
SUITE A-105  
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

RICARDO DURAN

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

10200 NW 25th ST

Suite, Apt. #, Etc.

SUITE A-100

City

MIAMI

State

FL

Zip Code

33172

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]*

REGISTERED AGENT MUST SIGN

Date

2-13-01

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]* RICARDO DURAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 (305) 553873  
Date Daytime Phone #

CR2E040 (8/00)