

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

01 JAN 30 PM 2:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000084915**

1. Corporation Name  
**Latin World Music, Inc.**

Principal Place of Business Mailing Address  
**1390 Brickell Avenue Suite 200**  
**Miami, FL 33131**  
 Same

**REINSTATEMENT 00-01**

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

2. New Principal Office Address, If Applicable <b>1390 Brickell Avenue</b>	3. New Mailing Office Address, If Applicable <b>Same</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>9/24/99</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc.	5. FEI Number <b>65-0957211</b>
City & State <b>Miami, Florida</b>	City & State	Applied For Not Applicable
Zip <b>33131</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Samuel Quiros	c/o: 1390 Brickell Ave...#200	Miami, Florida 33131

**100003743591--3**  
**-02/20/01--01084--014**  
**\*\*\*900.00 \*\*\*900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Alvaro Castillo B., Esquire**  
**1390 Brickell Avenue, Suite 200**  
**Miami, Florida 33131**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 Date **1-30-01**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: **Samuel Quiros, president** Date **1-30-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **(305) 371-5540**

CR2E081(1/2/98)