

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*

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

2. New Principal Office Address, If Applicable

*1390 Brickell Avenue*

3. New Mailing Office Address, If Applicable

*Same*

Suite, Apt. #, etc.

*Suite 200*

Suite, Apt. #, etc.

City & State

*Miami, Florida*

City & State

Zip

*33131*

Country

*USA*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*9/24/99*

5. FEI Number

*65-0957211*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

00-01

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>P/D</i>	<i>Samuel Quiros</i>	<i>c/o: 1390 Brickell Ave...#200</i>	<i>Miami, Florida 33131</i>

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  
**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

REGISTERED AGENT MUST SIGN

Date *1-30-01*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Samuel Quiros, president*

Date

Daytime Phone #

*1-30-01*

*(305) 371-5540*

CR2E081(1/2/98)