	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM YELD -	
, C REIN	FUNDA TABLE	FLORID	A DEPARTME Sandra B. Mor Secretary of S IVISION OF CORPO	NT OF STATE r tham State		FILED 98 NOV 23 PM 1:37	
DOCI	UMENT # \$4270			SECRETARY OF STATE TALL AHASSEE, FLORIDA			
UNCLE	SAM'S MUSICAFE, IN	C.					
Principal Place of Business Mailing Add			ress				
1141 Washington ave. Miami Beach FL 33139 US		POMPANO BEACH FL 33064 US					
4580			ing Office Address, If Applicable 4.		Date Incorporated or Qualified To Do Business in Florida 04/03/1991		
		Suite, Apt. #, etc.		0	5. FEI Number	Applied For	1
La		Saud Saud	auderhill Fl		65-0260797 Not Applicable : 6. \$8.75 Additional Fee required		
Zip	Country	Zip 3335	1 Countr	8A	CERTIFICATE	FOR STATUS DESIRED for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and Name of Officers	l/or Director (Flo					
Title(s)	and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		ımbers)	City / State / Zip	
Р	VERNON, DONALD S., JR.		511-W: 29TH ST -			MIAMI-BEACH FL	
VP	VERNON, DONALD S., SR.		1970 N 166TH ST			BROOKFIELD WI	
			3151 Ros	IAL PALM	1	MIAMI BEACH, FL 33148	
				+ 1, 20T-	1000026981711 -11/30/9801137004 **********************************		
					100 11/25		
	8. Name and Address of Current	ent	Name	9. Name and A	9. Name and Address of New Registered Agent		
VERNON, DONALD S., JR.				Street Address (P.O. Box Number is Not Acceptable)			
	29TH-STREET		3151 K	OUALFA	D. Box Number is Not Acceptable)		
MAM	BEACH FL 33140	Suite, Apt. #, Etc.				٥	
		<u> </u>		City		State Zip Code	
10. I, being Signature o Registered	appointed the registered eigent of the appoint Agent	T/M		ith and accept the ob	ollgations of Section	on 607.0505, F.S. Date	
	is corporation owes or hangible Personal Prope			ar Yes	No 🗆	(See other side for information on intangible tax.)	
this rein owed by	statement application, the reason for diss	colution has been names of individ	eliminated, the corpo	orate name satisfies in do not qualify for a	the requirements an exemption und	apter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	
SIGNAT		RINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	/1/,	19/98(305)533-0913 Daytime Phone #	İ

UNCLE SAM'S MUSICAFE III
1141 WASHINGTON AVENUE
MIAMI BEACH, FLORIDA 33139
(954) 742-2469
November 19, 1998

Florida Department of State
Sandra B.Mortham
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Ms Mortham:

I received the enclosed Application of Reinstatement today and immediately called the phone number listed in the document. I was advised to write a letter informing your office that I had not received any other notice regarding this report. This is not something that I would have ignored. Therefore, I hope you will accept our check in the amount of \$150.00 to cover the filing fee and that you will forgive us and waive the reinstatement fee.

Thank you for your kind consideration.

Very truly yours,

Sue Raz Bookkeeper