

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT**

1994  
1596

DOCUMENT # **V23930**

1. Corporation Name

**OLE MUSIC, INC.**

Principal Place of Business

Mailing Address

**1550 BRICKELL AVE # 513-A  
MIAMI, FL 33129**

**(SAME)**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

**1550 BRICKELL AVE**

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

**SUITE # 513-A**

City & State

**MIAMI, FLORIDA**

City & State

Zip

**33129**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**03/26/92**

5. FEI Number

**65-0321356**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB 75

As to any 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	JORGE R. ALVAREZ RUIZ	1550 BRICKELL AVE 513-A	MIAMI, FL 33129
V	JUAN A. TARODO GILLES	1550 BRICKELL AVE 513-A	MIAMI, FL 33129

**200002006552--8  
-11/18/96-01002-008  
\*\*\*\*\*775.00 \*\*\*\*\*775.00**

8. Name and Address of Current Registered Agent

**JORGE R. ALVAREZ RUIZ  
1550 BRICKELL AVE # 513-A  
MIAMI, FL 33129**

9. Name and Address of New Registered Agent

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

**X**

*Jorge R. Alvarez Ruiz*

REGISTERED AGENT MUST SIGN

Date

**11-07-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **X**

*Jorge R. Alvarez Ruiz*

**JORGE R. ALVAREZ RUIZ**

**11-07-96**

**(205) 856-7710**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR22040 (2/95)