	PLEASE READ	ALL INS	rructi	ONS BEFO	ORE C	OMPLET	ING THIS F	ORM.	
. AP	PLICATION FOR		RIDA DEPARTMENT OF STATE Sandra B. Mortham						
REIN	STATEMENT ***	, . D		RY Of State CORPORATIONS			00 AP	RIO PM	1:23
DOCUMENT # V23930 1. Corporation Name						SAGRETARY OF STATE TALLAHASSEE, FLORIDA			
	MUSIC, INC.								,
Principal Pl	ace of Business	Address						·	
1925 BRICKELL AVE. 806-D 1550 BRICKELL AVE 513									•
MIAMI, FLORIDA 33129 MIAMI, FLORIDA 33129						RFIN	STATE	RAENT	MU
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir							BONDTWAITE orated or Qualified	10.01-02-00 XOE	<u>'</u>
			BRICKELL AVE.			To Do Busin	ness in Florida	02/26/	(4.0.0.0
1000 5			, etc.			5. FEI Number	,	03/26/	Applied For
806-D City & State City & State						65	-0321356		Not Applicable
MTAM Zip 3312	Country	мтамт Zip 33129	FLOR	Country		-6: CERTIFICATE	OF STATUS DESIRE		itional Fee required rtificate of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofil						
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N				City / State / Zip			
P	RUIZ, JORGE R ALV	1925 BRICKELL AVE			806-D	MIAMI,	FLORIDA	331.29	
V	GALLEGO, JUAN A T	ARODO	1925	BRICKELL	AVE	806-D	MIAMI,	FLORIDA	-33 <u>129</u> -
						· · · · · · · · · · · · · · · · · · ·			
			-	-	h.	■ Care		:2135 8/0001 900.00 *	115U08 ****900.00
						,			

9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name RUIZ, JORGE R ALVA Street Address (P.O. Box Number is Not Acceptable RUIZ, JORGE-R-ALVAREZ-1925 BRICKELL Suite, Apt. #, Etc 1925 BRICKELL AVE 806-D MIAMI, FLORIDA 33129

Zip Code State MIAMI.

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.

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the

Date 03/02/00

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes x

(See other side for information on intangible tax)

CHPEGN

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 terlease 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 1 certify that 1 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 tiling 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 the less 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 it made under oath.

SIGNATURE:

Signature of

Registered Agent

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #