


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL AND
04 OCT 29 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000818

1. Corporation Name
Paul W. Bell Middle School Music Booster Assoc.

11800 N.W. 2nd Street
7895 W. Flagler Street

2. Principal Office Address
11800 N.W. 2nd Street

3. Mailing Office Address
7895 W. Flagler Street

Suite, Apt. #, etc.
Suite, Apt. #, etc.
#313

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33182

Country
U.S.

Zip
33144

Country
U.S.

REINSTATEMENT 03-04
3/8/04 01050 028 26250

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0792133

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Clara Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
13821 SW 14 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33184

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN

Date 10/26/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alina Hernandez	9020 N.W. 8 Street, #210	Miami, FI 33172
V	Odalys Rubio	7895 W. Flagler Street, #313	Miami, FI 33144
T	Gloria Morse	7895 W. Flagler Street, #313	Miami, FI 33144
S	Ivette Vila	7895 W. Flagler Street, #313	Miami, FI 33144

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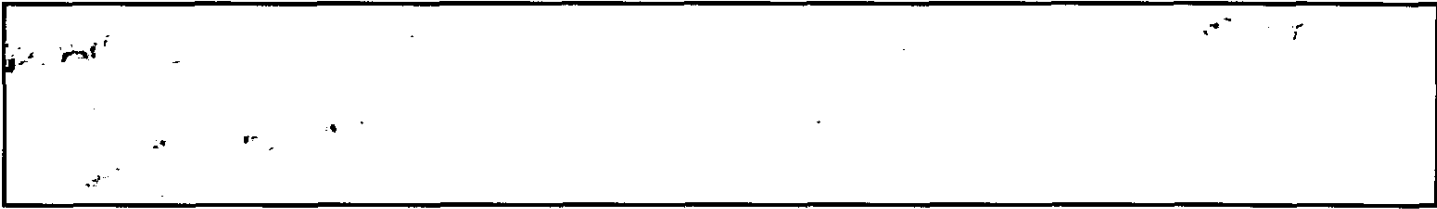
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/04

Daytime Phone # 305-553-7508

CR2E081 (01/04)



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

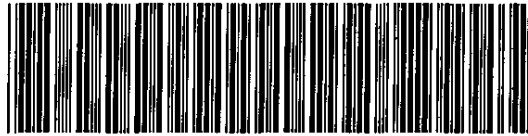
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Empty rectangular box for special instructions.

Office Use Only



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