PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -7 PM 4:28

DOCUMENT # N02000003190

1. Corporation Name
Bahama Village Music Program, Inc.

900023923239
10/20/03--01007--008 **236.25

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
727 Fort Street	727 Fort Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State: Key West, FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/25/02

5. FEI Number: 30-0134445 ☐ 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: Diane T. Covan

Street Address (P.O. Box Number is Not Acceptable): 600 Whitehead Street

Suite, Apt. #, Etc.:

City: Key West State: FL Zip Code: 33040

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: Diane T. Covan Date: 10-3-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	Joseph Viana	1523 Washington Ave.	Key West, FL 33040
VD	Calvin Allen	422 Fleming Street	Key West, FL 33040
TD	Anna Baird	29127 Violet Drive	Big Pine Key, FL 33043
SD	Betsy Deitz	1501 Laird Street	Key West, FL 33040

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: Joseph Viana Joseph Viana 10/1/03 (305) 296-4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #