

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

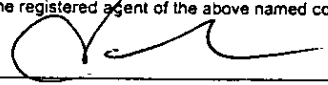
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REINSTATEMENT 02

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000060580 1. Corporation Name  PIANO DISTRIBUTORS OF CLEARWATER, INC.			
2. Principal Office Address 1475 12th Street East Suite, Apt. #, etc.		3. Mailing Office Address 1475 12th Street East Suite, Apt. #, etc.	
City & State Palmetto, FL		City & State Palmetto, FL	
Zip 34221	Country U.S.A.	Zip 34221	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 6/1/01		5. FEI Number 65-1153187	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent			
Name Christopher J. Shields			
Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street			
Suite, Apt. #, Etc.			
City Fort Myers		State FL	Zip Code 33901

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  \_\_\_\_\_ Date 12/12/02

REGISTERED AGENT MUST SIGN

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/D	William C. Boyce, Jr.	4002 Roberts Point Rd.	Sarasota, FL 34242
S/T/D	Sandra K. Boyce	4002 Roberts Point Rd.	Sarasota, FL 34242

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:  \_\_\_\_\_ Date 12-13-02 (941) 729-5047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E031 (9/01)

*g 12/16*