

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000091090

1. Entity Name
TEMPO! MUSIC THERAPY SERVICES OF FLORIDA, INC.



FILED

04 NOV -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04)

Principal Place of Business

2199 CHIANTI PLACE #925
PALM HARBOR, FL 34683

Mailing Address

2199 CHIANTI PLACE #925
PALM HARBOR, FL 34683

2. Principal Place of Business

811 VIRGINIA AVE TARPON SPRINGS, FL 34689

3. Mailing Address

811 VIRGINIA AVE TARPON SPRINGS, FL 34689

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number
54-2068084

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAHN WEAVER, ANNA
2199 CHIANTI PLACE #925
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name ANNA HAHN WEAVER

Street Address (P.O. Box Number is Not Acceptable)
811 VIRGINIA AVE

City TARPON SPRINGS FL Zip Code 34689

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

Anna Hahn Weaver, President, ANNA HAHN WEAVER 11/1/04

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAHN WEAVER, ANNA ☐ Delete
STREET ADDRESS 2199 CHIANTI PLACE #925
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME ANNA HAHN WEAVER
STREET ADDRESS 811 VIRGINIA AVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Anna Hahn Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/04 727-943-2711

Daytime Phone #