

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 30 AM 8:59

SECRET
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P15000074104

1. Corporation Name

10 TILL 9 EMPIRE MUSIC INC

2. Principal Office Address - No P.O. Box #

4468 BAYSHORE CIRCLE

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32309

Country

3. Mailing Office Address

703 MOORMANS ARM RD

Suite, Apt. #, etc.

City & State

NASHVILLE TN

Zip

37207

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2015

5. FEI Number

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

DERRICK O WILLIAMS

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

4468 BAYSHORE CIRCLE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309

400294635994
01/23/17--01031--001 **550.00

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

DERRICK O WILLIAMS

Date **12/30/2016**

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 |
|--------|--------------------------------------|---|--------------------|
| CEO | DERRICK O WILLIAMS | SAME AS ABOVE | |
| P | SHONTERAL L REDMOND | 703 MOORMANS ARM RD | NASHVILLE TN 32702 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **10TILL9EMPIRE@GMAIL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information stated in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **DERRICK O WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per BLV

BLV
1123