

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 12:34

DOCUMENT # P98000055797

1. Corporation Name

Source For Music, Inc.

200005044562--4

-03/06/02--01005--019

****300.00 ****300.00

2. Principal Office Address

400 NW 103 Terrau

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

SAME

Zip

33026

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0847953

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

DAVID SCOTT

SAME AS ABOVE

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

400 NW 103 Terrau

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33026

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

David Scott

Date

2/6/02

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
<u>Pr</u>	<u>DAVID SCOTT</u>	<u>400 NW 103 Terrau</u>	<u>Pembroke Pines, FL 33026</u>

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:

David Scott

DAVID SCOTT

1/22/02

954 261 6254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

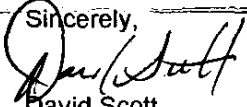
Daytime Phone #

400 NW 103 TERRACE
PEMBROKE PINES, FL 33026
954-261-6254
sourcefor@aol.com

Dear Sir or Madam:

Please be advised that I have not received my documents for my 2001/2002 registrations. I am enclosing a check for \$300 for 2001/2002 registrations as well as the form as instructed by one of your agents. I had a telephone conversation with one of your agents stating that the forms were returned to you undeliverable. The address is the same as the above address and the company has NOT been dissolved. Thank you in advance for handling this matter.

Sincerely,


David Scott

FEI- 65-0847953