

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 29 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

700006855147--5  
-08/01/02--01047--026  
\*\*\*\*300.00 \*\*\*\*300.00

**DOCUMENT #** P99000055004

**1. Corporation Name** INSTALLATION & SHUTTERS, INC.  
4181 WEST 1st. AVE  
HIALEAH, FL 33012

**2. Principal Office Address** SAME ABOVE

**3. Mailing Office Address** SAME ABOVE

Suite, Apt. #, etc.

**4. Date Incorporated or Qualified To Do Business in Florida** JUNE 16/1999

City & State

**5. FEI Number** 650927013  
Applied For  Not Applicable

Zip Country

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **ARIEL ESTRADA**  
Street Address (P.O. Box Number is Not Acceptable) **4181 WEST 1st. AVE.**  
Suite, Apt. #, Etc.  
City **HIALEAH,** State **FL** Zip Code **33012**

**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 \_\_\_\_\_  
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	ARIEL ESTRADA	4181 WEST 1st. AVE	HIALEAH, FL 33012

**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)(l), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)



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**Marvin Marshall**

*Chief Technology Officer*

*President and Majority Stockholder*

July 24, 2002

Florida Department of State  
Division of Corporations  
Reinstatement Division  
Tallahassee, Florida  
850-245-6059

Dear Sir or Madam:

The address you have for Song 1, Inc, a Florida Corporation, is incorrect. I did not receive the 2001 form for the Annual Report. This was probably due to the fact that I have not been there since August 2000.

Our Corporate Office current address is.

**Song1, Inc.**  
**1103 Cedar Pointe Parkway**  
**Antioch, Tennessee 37013**

Our Registered Agent, name and current address:

**Guy Bailey, Esq.**  
**3250 Mary Street – Suite 301**  
**Miami, FL 33133**  
**305-374-5505**

Enclosed is my personal check, for \$300. It is my understanding that given the address problem and because I did not receive the notice and that I have the proper form filled out and attached we will now be properly reinstated.

Thank You,

Marvin E. Marshall  
President

Guy Bailey, Esq.  
Registered Agent