


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 23 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05-07
CRZE081 (1/07)

DOCUMENT # S41533
1. Corporation Name
Kendall Conservatory of Music, Inc.

2. Principal Office Address - No P.O. Box #
7153 SW 117 Avenue

3. Mailing Office Address
7153 SW 117 Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33183 Country
USA

Zip
33181 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
03/28/1991

5. FEI Number
650256177

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
Yeargin, Edna Earline

Street Address (P.O. Box Number is Not Acceptable)
4931

Suite, Apt. #, Etc.
SW 104 Avenue

City
Miami, FL State
FL Zip Code
33165

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Edna Earline Yeargin* Date **10/11/2007**
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 |
|--------|-----------------------------------|--|--------------------|
| Pres | Edna Earline Yeargin | 4931 SW 104 Avenue | Miami, FL 33165 |
| VP | Joe Brandon Yeargin | 4931 SW 104 Avenue | Miami, FL 33165 |
| | | | |
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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 contained in Chapter 119, 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: *Joe Yeargin* **JOE YEARGIN** Date **10-11-07** Daytime Phone # **305-274-9207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/07