

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 11 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT # 549111

1. Corporation Name

AL HAVENERS MUSICLAND OF SARASOTA INC.

2. Principal Office Address

8451 COOPER CREEK BLVD. 8451 COOPER CREEK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

UNIVERSITY PARK FL

UNIVERSITY PARK FL

Zip

Country

Zip

Country

34201

34201

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/1977

5. FEI Number

59-1781759

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

STEPHEN F. ELLIS

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

1800 SECOND STREET

Suite, Apt. #, Etc.

SUITE 806

City

SARASOTA

State  
FL

Zip Code  
34236

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

REGISTERED AGENT MUST SIGN

Date

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
PTSD	HAVENER, GIA WOODRUM	22010 DEER POINTE CROSSING	BRADENTON FL 34202

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIA WOODRUMHAVENER

Date

06/03/03

Daytime Phone #

941-360-6798

CR2E081 (10/02)

7/6/12

ROBERT M. LUX, C.P.A., P.A.  
1135. PASADENA AVENUE SOUTH  
SUITE 304  
ST. PETERSBURG, FL 33707  
727-341-2123

May 19, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs,

Per the conversation of my assistant with Justin in your reinstatement department my client, Al Haveners Musicland of Sarasota, Incorporated, has enclosed their Corporation Reinstatement form along with a check in the amount of \$300.00 for 2002 and 2003. I am requesting a waiver of the reinstatement fees because the forms for 2002 and 2003 were not received due to a change in my mailing address in August 2001. Since some of my clients' annual reports are mailed directly to them I assumed that the forms for Al Haveners Musicland of Sarasota Inc. had been filed by my client. My client was not aware they needed to be filed since she had received them from my office in prior years. Also, the address for the registered agent was correct on the 2001 report and he did not receive any notices either. I discovered this problem when I was checking on the filing status of this years report and found that a form had not been received for Al Haveners Musicland of Sarasota, Inc.

--- My client has always filed her annual reports in a timely fashion and would have filed these had she been aware of the filing requirement. This is solely due to a problem with the mail and we would appreciate your consideration of the waiver of the reinstatement fees.

Sincerely yours,

*Robert M. Lux, CPA*

Robert M. Lux, C.P.A.

Enclosures