PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			Secre	PARTMENT OF STA etary of State of corporations	ATE	FILED 05 JUN - I AM 10:00		
DOCUMENT # 719395 1. Corporation Name Community Concerts of Lake City, Inc.						SEURETARY OF STATE FALLAHASSEE, FLORIDA		
2. Principa	al Offic	ss	3. Mailing Office A	kddress		ግን ያነው የተመሰው የተመሰው የ	ē	
611 SW Butzer Drive P.O. Box			P.O. Box 235	2351		einstatement	01-05	
Suite, Apt. #, etc. Suite, Apt. #,			Suite, Apt. #, etc.	etc.		- I		
City & State City & State						Date Incorporated or Qualified To Do Business in Florida		
'			Lake City, FL			Number -1635972	Applied For	
Zip	Country		Zip	Country	-	20.75	Not Applicable ditional Fee required	
32024	<u></u>	USA	32056	USA	CER		ertificate of Status	
	7. Name and Address of Current Registered Agent Name Barbara J. Johnson Street Address (P.O. Box Number is Not Acceptable) 697 SW Pathfinder Glen Suite, Apt. #. Etc. City Fort White 7. Name and Address of Current Registered Agent 80055545998 80065545998 State Zip Code FL 32038							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligat Signature of Registered Agent REGISTERED AGENT MUST SIGN						of section 607.0505 or 617.0503, F.S. Date May 24, 2005		
9. Names	s and Street Ad	Idresses of Each Officer and	d/or Director (Florida n	onprofit corporations must	list at least 3 dire	ctors)		
Titles	Name of Officers and/or Directors		, .	Street Address of Each Officer and/or Director		City / State / Zi	p	
P/D	Perley Richardson		61	611 SW Butzer Drive		Lake City, FL 32024		
V/D	Craig Wormer		98	981 SW Mary Terrace		Lake City, FL 32024		
S/D	Jean Richardson		61	611 SW Butzer Drive		Lake City, FL 32024		
T/D	Barbara J. Johnson			7 SW Pathfinder G	en	Fort White, FL 32038	11/6/10	
D	Karl Burkhardt			/ Emerald Lake Dri	ve	Lake City, FL 32055	\	
D/C	Sue Hadley			345 SE Jonathan Way		Lake City EL 32025		

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 fiting 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 2005

386-497-1253

Date

Daytime Phone #