

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730685

1. Corporation Name

Music Under the Stars, Inc.

2. Principal Office Address - No P.O. Box #

2054 Plainfield Avenue

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32073

Country

USA

3. Mailing Office Address

2054 Plainfield Avenue

Suite, Apt. #, etc.

City & State

Orange Park

Zip

32073

Country

USA

000172762050
03/22/10--01003--021 **726.25

REINSTATEMENT 02-10

4. Date Incorporated or Qualified
To Do Business in Florida

September 16, 1974

5. FEI Number

59-1793356

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

Marion B. Hilliard

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

2902 Greenridge Road

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

☐ 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

Marion B. Hilliard

Date *March 16, 2010*

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	Monique B. Hampton	2099 E. Winterbourne, #305	Orange Park, FL 32073
VP/D	Bobbi A. Smith	1869 Aba Drive	Orange Park, FL 32073
T/D	Marion B. Hilliard	2902 Greenridge Road	Orange Park, FL 32073
S/D	Karen G. Habell	3516 Lawrence Road	Orange Park, FL 32065

10. E-mail Address: marionh@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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: *X Monique Hampton*

Monique B. Hampton

3-17-10

904-278-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #