

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735129**

1. Corporation Name

KING HIGH SCHOOL MUSIC CLUB, INC.

Principal Place of Business

Mailing Address

% KING HIGH SCHOOL
6815 NORTH 56TH STREET
TEMPLE TERRACE FL 33617

PO BOX 290012
TEMPLE TERRACE FL 33687
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1976

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75-Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPD	RYAN, ANNETTE	610 David Hill Dr	TEMPLE TERRACE FL 33617
VPD PD	GREEN, JEFF	7109 WHITTIER	TAMPA FL 33617
TD	SLEEPER, BRENT	1915 47TH ST SOUTH	TAMPA FL 33619
S	KVATERNIK, NANCY	6602 PEACHTREE DRIVE	TEMPLE TERRACE FL 33617

8. Name and Address of Current Registered Agent

SLEPER, BRENT
1915 4TH STREET SOUTH
TAMPA FL 33619

9. Name and Address of New Registered Agent

Name	BRENT SLEEPER
Street Address (P.O. Box Number is Not Acceptable)	1915 4TH STREET SOUTH TAMPA FL 33619
Suite, Apt. #, Etc.	03/06/03-01053-002 ***103.75
City	TAMPA
State	FL
Zip Code	33619

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/4/03

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/03

Daytime Phone #

813-431-6947

CR2E040 (8/02)