

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP 29 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760093

Corporation Name

MUSICIANS EXCHANGE REFERRAL SERVICES, INC.  
MUSICIANS

Principal Place of Business

Mailing Address

DONALD COHEN  
W. SUNRISE BLVD.  
LAUDERDALE FL 33311-7237

C/O DONALD COHEN  
729A W. SUNRISE BLVD.  
FT. LAUDERDALE FL 33311-7237



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

Principal Office Address, If Applicable

New Mailing Office Address, If Applicable

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

Don Cohen  
23 SW 22nd Ave  
FT. LAUD, FL  
33312 Broward

4. Date Incorporated or Qualified To Do Business in Florida

09/18/1981

5. FEI Number

59-2031295

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

| 1                     | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip    |
|-----------------------|-------------------------------------|---|-------------------------|
| COHEN, DONALD         |                                     | 23 S.W. 22ND AVE.   | FT. LAUDERDALE FL       |
| SEBA, MEL             |                                     | 1116 NE 5TH AVE.  | FT. LAUDERDALE FL 33304 |
| REIBEL, SYLVIA        |                                     | 1835 NE 4TH PLACE #3  | FT. LAUDERDALE FL 33301 |
| JOEL SMITH            |                                     | 8920 NW 14th St   | Pembroke Pine FL 33024  |
| REINSTATEMENT 46-97   |                                     |   |                         |
| 500062340625--0       |                                     |   |                         |
| -10/02/87--01117--007 |                                     |   |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

COHEN, DONALD  
729A W. SUNRISE BLVD.  
FT. LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Don Cohen  
23 SW 22nd Ave  
FT LAUDERDALE  
FL 33312

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

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-25-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(l), 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

Don Cohen, Pres.

Date

Daytime Phone #

9/25/97 954-797-5086

CR2ED40 (7/96)