

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

2008 OCT 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/17/08--01035--013 **1500.00

CR2E081 (10/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000004761			
1. Corporation Name Gold Hill Music, Inc.			
2. Principal Office Address - No P.O. Box # 127 W. Fairbanks Avenue		3. Mailing Office Address 127 W. Fairbanks Avenue	
Suite, Apt. #, etc. Suite 504		Suite, Apt. #, etc. Suite 504	
City & State Winter Park, Florida		City & State Winter Park, Florida	
Zip 32789	Country USA	Zip 32789	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 8/14/2000		5. FEI Number 59-3037278	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Anthony W. Palma, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Avenue			
Suite, Apt. #, Etc. Suite 1400			
City Orlando, Florida		State FL	Zip Code 32801
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		Date	
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
PCV	Stephen A. Stills	127 W. Fairbanks Avenue	Winter Park, FL 32789
STVC	Kelly Muchoney	127 W. Fairbanks Avenue	Winter Park, FL 32789
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 contained in Chapter 119, 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: 		Kelly Muchoney	10/14/08 310 957 9724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

REINSTATEMENT
2008