2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003080 09 JAN -7 PM 3: 05 1. Entity Name GIBSON GUITAR CORP. Principal Place of Business Mailing Address 309 PLUS PARK BLVD. 309 PLUS PARK BLVD. NASHVILLE, TN 37217 NASHVILLE, TN 37217 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12222008 CR2E098 (1/07) REIN-P City & State City & State 4. FEI Number Applied For 73-1244520 Not Applicable Zlp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Datele TITLE JUSZKIEWICZ, HENRY E NAME 700139909687 NAME STREET ADDRESS 309 PLUS PARK BLVD. STREET ADDRESS 01/07/09--01051--002 **300.00 CITY-ST-ZIP NASHVILLE, TN 37217 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME JUSZKIEWICZ, HENRY E NAME STREET ADDRESS 309 PLUS PARK BLVD. STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37217 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition REINSTATEMENT O8-0 BERRYMAN, DAVID H NAME NAME STREET ADDRESS 645 MASSMAN DR. STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37210 CHY-ST-7IP TITLE Delete IIILE Addition MITCHELL, ROGER NAME NAME STREET ADDRESS 309 PLUS PARK BLVD. STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37217 CITY-ST-ZIP Delete MILE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leptric is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED SECRETARY OF STATE

TALLAHASSEE, FLORIDA

KS

SIGNATURE:

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