

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY 29 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000998			
1. Entity Name NATIONAL HARP & MUSIC SERVICE, LTD., INC.			
Principal Place of Business 2001 PALM BAY ROAD N.E. PALM BAY, FL 32905 972 REVU LANE, N.E. PALM BAY, FL 32907		Mailing Address 2001 PALM BAY ROAD N.E. PALM BAY, FL 32905 972 REVU LANE N.E. PALM BAY, FL 32907	
2. Principal Place of Business - No P.O. Box # 972 Revu Lane		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State	
Zip 32907	Country	Zip	Country
4. FEI Number 13-2963242		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HENRY, MYRTLE 2001 PALM BAY ROAD N.E. PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 972 Revu Lane City Palm Bay FL Zip Code 32907	
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 NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HENRY, MYRTLE 2001 PALM BAY ROAD N.E. PALM BAY, FL 32905 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	972 Revu Lane Palm Bay FL 32907 ☒ Change ☐ Addition *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000130902380 06/05/08--01018--017 **8.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ^{KS}	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000130902380 06/05/08--01018--018 **300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 report 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 or trustee 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			
SIGNATURE: <u>Myrtle Henry</u>		Date: <u>5/1/08</u> 321 848 6551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	