

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F-95000004694

1. Corporation Name
Shu-nut Music Publishing Inc.

2. Principal Office Address 7421 High Lake Dr		3. Mailing Office Address 7421 High Lake Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL.		City & State Orlando, FL	
Zip 32818	Country	Zip 32818	Country

4. Date Incorporated or Qualified To Do Business in Florida 1995

5. FEI Number 593299131 **Applied For**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Louis M. Bell Jr.

Street Address (P.O. Box Number is Not Acceptable) 7421 High Lake Dr.

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32818

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
P	Louis M. Bell Jr.	7421 High Lake Dr,	Orlando, FL. 32818
V	Barry Myers	545 Basie Pl.	Orlando, FL 32818 32805

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 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] 10/10/03 407-340-9125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)