

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 SEP 24 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G38521

1. Corporation Name

DON BANKS MUSIC, INC.

2. Principal Office Address

3628 Henderson Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

3628 Henderson Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

**REINSTATEMENT 93-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

7/1/83

5. FEI Number

592299928

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

Mitchel D. Banks

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

3628 Henderson Blvd

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33609

800041330728

09/24/04--01089--003 \*\*25 2.50

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

*[Signature of Mitchel D. Banks]*  
REGISTERED AGENT MUST SIGN

Date

9-20-04

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
DP	Mitchel D. Banks	3628 Henderson Blvd	Tampa, FL 33609
VP	Kelly G. Banks	3628 Henderson Blvd	Tampa, FL 33609
ST	Don Banks	3628 Henderson Blvd	Tampa, FL 33609

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 of Mitchel D. Banks]*

Mitchel D. Banks

9/20/04

(813)879-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)