

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # J56167

GRAY'S MUSIC CENTRE, INC.

97 JAN 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

% SANDRA GRAY
25 COLLEGE AVE W
RUSKIN FL 33570

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

02/09/1987

59-2752237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GRAY, SANDRA	25 COLLEGE AVE W	RUSKIN FL
			200002059742--1
			-01/16/97--01009--016
			****375.00 ****375.00
			REINSTATEMENT <u>96</u> 8/11/97

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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16. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Sandra J. Gray
 REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 01-06-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA J. GRAY

01-06-97 813-645-9315

Date _____

Daytime Phone # _____

0073889 AF