

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

L75 679

Muscle Mixes Music, Inc.

REINSTATEMENT

01-07

300023369873
09/26/03--01081--019 **1050.00

2. Principal Office Address

1625 E. Hillcrest St.

3. Mailing Office Address

P.O. Box 533967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

U.S.A.

Zip

32853

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/1990

5. FEI Number

593028899

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

Denise Imbesi

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

1625 E. Hillcrest St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

REGISTERED AGENT MUST SIGN

PRESIDENT

Date

9/24/03

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

Denise Imbesi

1625 E. Hillcrest St.

Orlando, FL 32803

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

9/24/03

Date

Daytime Phone #

407 872 7526

9/25