

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 13 PM 1:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000004086*

1. Corporation Name

Screp To Music, Inc.

2. Principal Office Address

158 NE Cherokee Ct

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip Country

32055 USA

Zip Country

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

5. FEI Number

31-1721273

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

Raymond Macatee

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

158 NE Cherokee Ct.

Suite, Apt. #, Etc.

City

Lake City, FL

State

FL

Zip Code

32055

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)

Raymond Macatee

REGISTERED AGENT MUST SIGN

Date *10-11-06*

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
D	<i>Raymond Macatee</i>	<i>158 NE Cherokee Ct</i>	<i>Lake City, FL 32055</i>
D	<i>Lorraine Macatee</i>	<i>158 NE Cherokee Ct</i>	<i>Lake City, FL 32055</i>
D	<i>R. Gary Shields</i>	<i>1756 SW Barnett Way</i>	<i>Lake City, FL 32025</i>
	<i>8/10/20</i>		

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 contained in Chapter 119, 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:

Raymond Macatee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond Macatee

Date

10-11-06/386 7556177

Daytime Phone #