

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV -7 PM 8:28


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700162072877
10/23/09--01024--015 **245.00

REINSTATEMENT 06-09

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NC3000004190

1. Corporation Name

MUSIC AMERICA PERFORMANCE
ACADEMY

2. Principal Office Address - No P.O. Box #

6852 STIRLING RD

Suite, Apt. #, etc.

3. Mailing Office Address

3880 SW 53rd CRT

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

FT LAUDERDALE FL

Zip

33024

Country

BROWARD

Zip

33312

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/03

5. FEI Number

1601666732

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

JANEWE ABRAHAMSON

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

3880 SW 53rd CRT

Suite, Apt. #, Etc.

FT LAUDERDALE

City

FT LAUDERDALE

State

FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

JANEWE ABRAHAMSON
REGISTERED AGENT MUST SIGN

Date 10/20/09

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
Sec/Treas	JANEWE ABRAHAMSON	3880 SW 53rd CRT	FT LAU, FL 33312
PRES.	CURTIS ABRAHAMSON	3880 SW 53rd CRT	FT LAU, FL 33312

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:

Curtis Abrahamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/09 957) 986-9802

Date

Daytime Phone #