

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04000002452**

1. Corporation Name

Bach's children Music school,corp

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

80 e. Ocean Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Zip

Country

Zip

Country

34994

usa

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/2004

5. FEI Number

30 0175 468

☐ 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

Margaret O'Neill

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

2466 SW Danbury La

Suite, Apt. #, Etc.

City

Palm City,

State

FL

Zip Code

34990



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 section 617.0503, F.S.

Signature of
Registered Agent

Margaret A. O'Neill
REGISTERED AGENT MUST SIGN

Date **11/4/09**

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
Exec. director	Margaret O'Neill	2466 sw danbury la	palm city, fl 34990
non-exec. director	Rowdy Carlton	malibu way	stuart, florida 34994
fin. director	Christen Youngblood	428 s.w. kitching circle	stuart, Florida 34994

10. E-mail Address: **PSO131@bellsouth.net**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Margaret A. O'Neill

Margaret O'Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/09

Date

772-286-8057

Daytime Phone#