

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 13 PM 2:37

DOCUMENT # N05000001796

1. Corporation Name

International Guitar Museum and Hall of Fame Inc.

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

239 Elmwood Road

Suite, Apt. #, etc.

Garage Apt.

City & State

S. Salem, New York

Zip

10590

Country

3. Mailing Office Address

239 Elmwood Road

Suite, Apt. #, etc.

Garage Apt.

City & State

S. Salem, New York

Zip

10590

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2005

5. FEI Number
20-2363319

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

SPIEGEL & UTRERA, P.A.

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

1840 SW 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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.

200130781862
08/12/10--01037--006 **175.00

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.

Spiegel & Utrera, P.A.

Signature of

Registered Agent

By:

Natalia Utrera/cm

Date

8/10/10

Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN

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
PD	Roth, Arlen	239 Elmwood Road	S. Salem, New York 10590
VD	Berl, Leonard S.	239 Elmwood Road	S. Salem, New York 10590
SD	Gershen, Johnathon	239 Elmwood Road	S. Salem, New York 10590

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:

Arlen Roth

Arlen Roth, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/10

Date

914-6299654

Daytime Phone #