

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004376

FILED
Jan 30, 2009
Secretary of State

Entity Name: INTERNATIONAL HARP MUSEUM INC.

Current Principal Place of Business:

5 BROADWAY COURT
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 690171
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRANCO, ALLENDE A
2055 ISLAND BROOK LANE
ORLANDO, FL 32824 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL WALLS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,TR () Delete
Name: WALLS, MICHAEL S
Address: PO BOX 690171
City-St-Zip: ORLANDO, FL 32869 US

Title: VP () Delete
Name: FRANCO, ALLENDE A
Address: 2055 ISLAND BROOK LANE
City-St-Zip: ORLANDO, FL 32824 US

Title: R (X) Delete
Name: HAHN, GRETCHEN
Address: PO BOX 690171
City-St-Zip: ORLANDO, FL 32869

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WALLS

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date