

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07000009322**

1. Corporation Name

**Mullins Music, Inc.**

**W1000002716**

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

**7425 Orchid Lake Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**12625 Wildrose Ave**

Suite, Apt. #, etc.

City & State

**New Port Richey, FL**

City & State

**New Port Richey, FL**

Zip

**34653**

Country

**U.S.A.**

Zip

**34654**

Country

**U.S.A.**

7. Name and Address of Current Registered Agent

Name

**Eric Mullins**

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

**12625 Wildrose Avenue**

Suite, Apt. #, Etc.

City

**New Port Richey**

State

**FL**

Zip Code

**34654**

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

REGISTERED AGENT MUST SIGN

Date

**1/11/10**

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	Eric Mullins	12625 Wildrose Ave	New Port Richey, FL 34654
D	Marina Mullins	12625 Wildrose Ave	New Port Richey, FL 34654
D	Barbara Nelson	3527 S. Deerwood	Memphis, TN 38111

**REINSTATEMENT** 08-10

**202/5**

10. E-mail Address: **eric @ mullinsmusic . org**

(To be used for future annual report notification)

11. 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. 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:

**ERIC MULLINS**

Date

**1/11/10**

Daytime Phone #

**727-856-0263**

FILED

10 FEB -4 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500166204325

01/14/10--01044--006 \*\*236.25  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/21/2007**

5. FEI Number

**26-1113246**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

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02/04/10--01005--029 \*\*122.50