

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 OCT 15 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO8000007993

1. Corporation Name

BIG BEND HERITAGE MUSIC ASSOCIATION, INC

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

1313 S JEFFERSON ST

Suite, Apt. #, etc.

3. Mailing Office Address

1313 S JEFFERSON ST

Suite, Apt. #, etc.

City & State

PERRY, FL

Zip

Country

32348

City & State

PERRY, FL

Zip

Country

32348

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

AUG 26, 2008

5. FEI Number

26-3586648

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

THOMAS A JACKSON

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

1311 S JEFFERSON ST

Suite, Apt. #, Etc.

City

PERRY

State

FL

Zip Code

32348

800265452468  
10/15/14-01011-006 \*\*\*481.25

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

*Thomas A Jackson*

REGISTERED AGENT MUST SIGN

Date 10/9/2014

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
P/D	THOMAS A JACKSON III	1311 S JEFFERSON ST	PERRY, FL 32348
S/D	LARRY SCHMIDT	4423 US HWY 19N	PERRY, FL 32348
V/D	GARRETT B JACKSON	804 WESTWOOD DR	PERRY, FL 32348

10. E-mail Address: ANDY @ PERRY CONNECTIONS.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Thomas A Jackson*

THOMAS A JACKSON III

10/9/2014

850-838-1683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*10/17/14*