PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	ı



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

06 MAR 31 PM 4: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # N9400002209

1. Corporation Name

Bowersox Institute of Music, Inc.

						TOUBE	ATE	MENT		~ ~ /	
				ailing Office Address 6 Odoms Mill Boulevard			STATEMENT OF -06 TSC CR2E081 (12/05)				
Suite, Apt. #	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.							
0.4.00			City & State	City & Courts			4. Date Incorporated or Qualified To Do Business in Florida 5/3/1994				
City & State Ponte Vedra Beach, FL			Ponte Vedra Beach, FL			5. El Numbi 5933	5- 593313664			oplied For	
^{Zip} 32082	2	Country	32082		Country US	6.		18 DESIRED \$8.75	Additional	l Fee required ite of Status	
			7. N	ame and /	Address of Current Regis	istered Agent				T	
	Lawrence R. Patterson									1	
	Street Address (P. Q. Box Alumber, is Alpt Acceptable) 3010 South Third Street								1		
	Suite, Apt. #, Etc.									1	
	Jäck:	sonville Beach			State FL	32250		1			
8. I, being	appointed th	he registered agent of the abo	ove named corpor	ration, am	familiar with and accept the	he obligations of sect	ion 607.05	05 or 617.0503, F.S.			
Signature o Registered	of	Faurence	1 to	ane	un			3-29-0	_کار		
	4 70		REGISTERED AGE								
	and Street A	Addresses of Each Officer an	id/or Director (Flor	rida nonpro				<u></u>			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PD	Steve Bowersox			296 Odoms Mill Blvd.			Ponte Vedra Beach, FL 32082				
ST	Kathy Bowersox			296 Odoms Mill Blvd.			Ponte Vedra Beach, FL 32082				
VT	Keith Gibbs			78 Tallwood Road			Jacks	Jacksonville Beach, FL 32250			
						1 0 0 04/06	100	696421 01049008	70 **551.	25	
				 		Test # 1 Test to		<u> </u>		16.0	

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 filling 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR