

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 28 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006357

1. Corporation Name

MUSIC INSTITUTE AT VERO BEACH, INC.

2. Principal Office Address

29 Sunrise Drive

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34472

Country

USA

3. Mailing Office Address

29 Sunrise Drive

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34472

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/12/96

5. FEI Number

650717701

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

SUZANNE BODE

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

29 Sunrise Drive

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

60007848348E
00/00/00 01062 012 *** 8.75

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

Date

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
D/P	SUZANNE BODE	29 Sunrise Dr.	Ocala, FL 34472
D/T	BROOKE BODE	1135 Hidden Ridge, Apt 2118	Irving, TX 75038
D/S	JENI GOLDSMITH	9309 Victoria Drive	Micco, FL 32976

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:

Suzanne Bode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/06
Date

352-680-1444
Daytime Phone #