



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|--|--|--|--|---|--|
| DOCUMENT # N96000006357 1. Entity Name MUSIC INSTITUTE AT VERO BEACH, INC. | | | |  | | FILED 07 DEC 19 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 29 SUNRISE DRIVE OCALA, FL 34472 US | | | | Mailing Address 29 SUNRISE DRIVE OCALA, FL 34472 US | | | |
| 2. Principal Place of Business - No P.O. Box # 16351 NW 10 th Ct Suite, Apt. #, etc. | | 3. Mailing Address 16351 NW 10 th Ct Suite, Apt. #, etc. | |  REINSTATEMENT 07 11272007 REIN-NP CR2E099 (4/07) | | | |
| City & State Citra, FL Zip 32113 Country US | | City & State Citra, FL Zip 32113 Country US | | | | | |
| 4. FEI Number 65-0717701 | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BODE, SUZANNE 29 SUNRISE DRIVE OCALA, FL 34472 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE <u>Suzanne Bode</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>12/16/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP BODE, SUZANNE 29 SUNRISE DRIVE OCALA, FL 34472 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 200113276062 12/19/07--01038--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT BODE, BROOKE 1135 HIDDEN RIDGE, APT 2118 IRVING, TX 75038 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 200113276062 12/19/07--01038--002 **\$8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS GOLDSMITH, JENI 9309 VICTORIA DRIVE MICCO, FL 32976 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Suzanne Bode</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>12/16/07</u> <small>Date</small> | | | |

352-595-2070