

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000006854

1. Corporation Name

MUSIC MISSIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1450 E. JOHNSON AVENUE  
PENSACOLA FL 32514

P.O. BOX 9788  
PENSACOLA FL 32513

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:23



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3434078

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	COOLEY, LINDELL	4792 SCHAAG RD	PENSACOLA FL 32577
D	FRANKS, PAT	1623 SHAWNEE AVE	BIG STONE GAP VA 24219
D	MORRIS, LARRY	316 S BAYLEN STE 600	PENSACOLA FL 32581
D	SAYLOR, HARRY	29 HONEYSUCKLE DR	WINFIELD AL 35594
D	COOLEY, EUGENE	369 RIDGE RD	GOLDEN MS 38847
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHIBBS, VINCENT J JR. ESQ  
421 N. PALAFOX STREET  
PENSACOLA FL 32501

Name  
Whibbs, Vincent J. Jr. Esquire

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date 10/15/01

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)