

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001365

1. Corporation Name

The True Heart Music Corporation

2. Principal Office Address

7862 W. Irlo Bronson Hwy
Suite, Apt. #, etc.

#172

City & State

Kissimmee, FL.

Zip

34747

Country

USA

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/98

5. FEI Number

59-3504033

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

Sharon Longley-Webber

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

7862 W. Irlo Bronson Hwy

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34747

200035751052
05/07/04--01042--028 **297.50

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

Sharon Longley-Webber
REGISTERED AGENT MUST SIGN

Date 4/30/04

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
✓ President	Dr. J.L. Cash, Sr.	7862 W. Irlo Bronson Hwy	Kissimmee, FL 34747
✓ CEO/ Director	Sharon Longley-Webber	7862 W. Irlo Bronson Hwy.	Kissimmee, FL 34747
✓ Secretary	Felicia D. Wilson	7862 W. Irlo Bronson Hwy.	" " "
✓ Treasurer	Ronshea L. Clark	"	" " "
✓ Corp. Officer	J.L. Cash, Jr.	"	" " "
✓ Corp. Officer	Darleena Wright	"	" " "

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 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:

Sharon Longley-Webber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

1-888-233-0963
Daytime Phone #

CR2E081 (01/04)