

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 20 AM 9:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N98000004342					
1. Corporation Name CENTRAL FLORIDA MASTER CHOIR, INC.					
2. Principal Office Address 2118 SW 20th PL Suite, Apt. #, etc. #201 City & State OCALA, FL Zip 34474 Country USA		3. Mailing Office Address 2118 SW 20th PL Suite, Apt. #, etc. #201 City & State OCALA, FL Zip 34474 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 7/22/98 5. FEI Number 59-3524125 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Faith A. Sarfarazi	
Street Address (P.O. Box Number is Not Acceptable) 2118 SW 20th Place, #201	
Suite, Apt. #, Etc. Suite #201	
City Ocala	State FL
Zip Code 34474	

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 Faith A. Sarfarazi **Date** 7/20/01
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	CARL BERGESON	2595 SE 32 PL	OCALA, FL 34471
D	KATHERINE FURLONG	PO DRAWER D	MCINTOSH, FL 32664
D	KELLY ROBERTS	6370 NW 57 CT	OCALA, FL 34482
D	SALLIE ZIEGENFUSS	790 OLIVE DR	OCALA, FL 34474

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: Katherine Mills Furlong formerly Katherine Mills Burns **Date** 7/21/2001 **Daytime Phone #** (352) 591-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR