

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000000832

1. Corporation Name

DAYTONA BEACH MUSICIANS' GUILD INC.

Principal Place of Business

1201 N BOSTON AVE
DELAND FL 32724

Mailing Address

1201 N BOSTON AVE
DELAND FL 32724

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

02/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3557619

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	
1	2	3	4
D PRES	REUBEN MORGAN	194 BOSARVEY RD	ORMOND BEACH FL 32176
	VICE		32127
D PRES	JEAN MARC POIRAS	4021 S PENINSULA DR.	DAYTONA BEACH FL
			32117
D TREAS	ROBERT PANEK	844 ESSEX ROAD	DAYTONA BEACH FL
D SECTY	HAROLD CONNELL	1201 N. BOSTON AVE	DELAND FL 32724
D BOARD	PETER HEIMO	1647 S PALMETTO AVE	S. DAYTONA FL 32119
D BOARD	LINDSEY MORRIS	747 LORUS LANE	DAYTONA BEACH FL
			32114

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONNELL, HAROLD R
1201 N BOSTON AVE
DELAND FL 32724

Name

SAME

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

Suite, Apt. #

City

State

FL

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

Harold R Connell
REGISTERED AGENT MUST SIGN

Date Oct 31 2000

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

Harold R Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 31/2000 (904) 274 3614