

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 AUG 30 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700000023481

1. Corporation Name

MACK Music Group, INC.

2. Principal Office Address

934 NORTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

#403

City & State

Coral Springs, Florida

Zip

33071

Country

BROWARD

3. Mailing Office Address

934 NORTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

#403

City & State

Coral Springs, FL.

Zip

33071

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/1999

5. FEI Number

65-0985300

☒ 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

Steve Cenatus

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

934 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

403

City

Coral Springs

State  
FL

Zip Code  
33071

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09/10/02 01037 023

\*\*\*\*900.00 \*\*\*\*900.00

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

Steve Cenatus

REGISTERED AGENT MUST SIGN

Date

08/08/02

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
<u>PRESIDENT</u>	<u>Suzette Thomas</u>	<u>934 N UNIVERSITY DRIVE #403</u>	<u>Coral Springs, FL. 33071</u>
<u>VP</u>	<u>Steve Cenatus</u>	<u>934 N UNIVERSITY DRIVE #403</u>	<u>Coral Springs, FL. 33071</u>

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:

Steve Cenatus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/02

Date

954 461-1028

Daytime Phone #

Steve Cenatus

CP2E031 (9/01)