

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025230

1. Corporation Name

DICE RECORDS, INC.

Principal Place of Business

4823 SILVER ST RD
SUITE 140
ORLANDO FL 32803-3280

Mailing Address

4823 SILVER ST RD
SUITE 140
ORLANDO FL 32803-3280

8

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2000

5. FEI Number

59-3634033

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	THOMAS, ROBERT A JR	525 CAMPELLO STREET	ALTAMONTE SPRINGS FL 32701
VP	THOMAS, JACQUELINE	4910 MALARKEY ST	ORLANDO FL 32808
S	TAYLOR, JACQUELINE	4910 MALARKEY STREET	ORLANDO FL 32808
T	THOMAS, CORRINE	825 CAMPELLO STREET	ALTAMONTE SPRINGS FL 32701

600008639896
10/29/02--01010--003 **236.25

600008639896
12/12/02--01013--008 **513.75

8. Name and Address of Current Registered Agent

THOMAS, ROBERT A JR
825 CAMPELLO ST
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert A. Thomas
REGISTERED AGENT MUST SIGN

Date

10-23-02

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:

Robert A. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-02

Daytime Phone #

CR2E040 (8/02)