

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055432

1. Corporation Name

Survival Music Studios, Inc.

2. Principal Office Address

5718 Rodman St. Bay 10

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33023

Country

United States

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/30/00

5. FEI Number

65-1019100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SEE 78: Additional Fee required
for Certificate of Status

300040413123
08/23/04--01030--010 **908.75

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Cashmo Brown

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

5718 Rodman Street, Bay 10

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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**

Cashmo Brown

Date 8-16-04

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
P	Cashmo Brown	5718 Rodman Street, Bay 10	Hollywood, FL 33023
VP	Mildred Aird	5718 Rodman Street, Bay 10	Hollywood, FL 33023
S	Sonia Williams	5718 Rodman Street, Bay 10	Hollywood, FL 33023

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:

Cashmo Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-04

Date

786-326-9271

Daytime Phone #

CH25081 (01/04)