

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000071764

1. Corporation Name

FALLEN BRICK RECORDS, INC.

Principal Place of Business

24103 NW 126TH LANE  
HIGH SPRINGS FL 32643

Mailing Address

24103 NW 126TH LANE  
HIGH SPRINGS FL 32643

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/2000

5. FEI Number

59-3662521

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	ASHCRAFT, JOHN	24103 NW 126TH LANE	HIGH SPRINGS FL 32643
VS	ASHCRAFT, CATHERINE C	24103 NW 126TH LANE	HIGH SPRINGS FL 32643

8. Name and Address of Current Registered Agent

ASHCRAFT, WILLIAM E  
2736 NE 19TH STREET  
FT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name

JOHN R. ASHCRAFT, JR.

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

24103 NW 126TH LANE

Suite, Apt. #, Etc.

City

HIGH SPRINGS

State

FL

Zip Code

32643-3605

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

*[Signature]* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-18-2001

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:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-2001

FILED

01 OCT 19 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2001 *[Signature]*

CR2E040 (8/01)