


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P0000075179**

1. Corporation Name  
**WHITE RAVEN RECORDS, INC.**

**FILED**  
 05 FEB -7 PM 4: 04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
43 S. ATLANTIC AVE. COCOA BCH FL 32931	43 S. ATLANTIC AVE. COCOA BCH FL 32931



**REINSTATEMENT 03-05**

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	08/03/2000
5. FEI Number	59-3672546
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PTS D	GREEN, BURTON J	43 S. ATLANTIC AVE.	COCOA BCH FL 32931
DV	RAVEN, JONATHAN S	P.O. BOX 300	STUARTS DRAFT VA 29477

8. Name and Address of Current Registered Agent

**GREEN, BURTON J**  
 43 S. ATLANTIC AVE.  
 COCOA BCH FL 32931

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 a registered agent of a corporation.

Signature of Registered Agent: *Burton J Green* **REGISTERED AGENT MUST SIGN**

Date: 2/3/05

02/11/05--01017--021 \*\*1050.00

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:** *Burton J Green* **BURTON J GREEN** 2/3/05 321 7844957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)