

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 AM 10:22

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05/02/08--01050--017 **450.00

CR2E081 (12/07)

DOCUMENT # P00000093907

1. Corporation Name

SOLLIE'S MUSIC CO., INC.

2. Principal Office Address - No P.O. Box #

4021 W 17TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

4021 W 17TH ST

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32401

Country

BAY

Zip

32401

Country

BAY

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/93

5. FEI Number

59-3212501

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CULVERHOUSE, JAMES S

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

4021 W 17TH ST

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

James S. Culverhouse

REGISTERED AGENT MUST SIGN

Date

5-1-08

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	CULVERHOUSE, JAMES S	4021 W 17TH ST	PANAMA CITY, FL 32401
VP	CULVERHOUSE, MICHAEL P	4021 W 17TH ST	PANAMA CITY, FL 32401
ST	CULVERHOUSE, SHELIA	4021 W 17TH ST	PANAMA CITY, FL 32401

REINSTATEMENT

06-08
13 5/7/08

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 contained in Chapter 119, 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:

James S. Culverhouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-08

Daytime Phone #