

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1972

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000026210**

1. Corporation Name

Drumworks Incorporated
#PO Box 607263
Orlando, FL 32860-7263

REINSTATEMENT 03-04
Drive WOP

2. Principal Office Address

PO Box 607263
Suite, Apt. #, etc.

3. Mailing Office Address

2121 Carpathian
Suite, Apt. #, etc.

City & State

Orlando FL

Zip
32860

Country
US

City & State

Apopka, FL

Zip
32712

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

03-09-2001

5. FEI Number

59-3733240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carletta Davis-Wilson

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

2121 Carpathian Drive

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

Carletta Davis-Wilson

Date **4-12-04**

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 |
|--------|--------------------------------------|---|------------------------|
| D | Todd Wilson | P.O. Box 607236 | Orlando, FL 32860-7263 |
| D | Carletta Davis-Wilson | P.O. Box 607236 | Orlando, FL 32860-7263 |
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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: **Carletta Davis-Wilson** **CARLETTA DAVIS-WILSON** **4-12-04** **443-5658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (07/04)



Accounting and Business Development

500 State Road 436, Suite 2054 • Casselberry, FL 32707-5386
Phone: 407-677-9200 • Fax: 407-647-9201
Email: pfmitchellaccounting@att.net

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April 2, 2004

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Drumworks Incorporated Reinstatement
Document #P01000026210
FEIN 59-373240

The Articles of Incorporation for the above named corporation contained incorrect mailing information. As such, information was never received regarding the Uniform Business Report (UBR) for the corporation. As a result, there was an administrative dissolution for annual report filed on 09/19/2003.

Enclosed, please find an application for reinstatement along with payment in the amount of \$150 for the 2002 UBR.

Thank you,

A handwritten signature in black ink, appearing to be 'PF Mitchell', written over a horizontal line.

PF Mitchell