

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1 0000 39666**

1. Corporation Name

Underwood Records & Films, Inc.

300076203513
06/14/06--01040--011 **1350.00

2. Principal Office Address

4723 34th St

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33610

Country

United States

3. Mailing Office Address

4723 34th St

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33610

Country

United States

02-06
CR2E081 (12/05)

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

04/19/01

5. FEI Number

None

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

DARRYL Underwood

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

4723 34th St

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33610

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

[Signature of Darryl Underwood]
REGISTERED AGENT MUST SIGN

Date

5/19/06

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	DARRYL Underwood	4723 34 th St	Tampa Florida 33610

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06

Date

813-294-7000

Daytime Phone #