

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 FEB -8 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000041738

1. Corporation Name

C-N-R Records, INC.

300088284413  
02/14/07--01006--021 \*\*908.75

CR2E081 (1/07)

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

11673 Rolling River Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 28057

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32218

Country

Duval

Zip

32206

Country

Duval

4. Date Incorporated or Qualified  
To Do Business In Florida

April 23rd 2001

5. FEI Number

14-1988624

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 Pernell Riggins

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

7097 1st Street

Suite, Apt. #, Etc.

City St. Augustine

State

FL

Zip Code

32092

☒ 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

Pernell Riggins

REGISTERED AGENT MUST SIGN

Date 2-6-07

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
<u>P</u>	<u>Pernell Riggins</u>	<u>7097 1st St.</u>	<u>St. Augustine, FL 32092</u>
<u>V</u>	<u>Malvenia Riggins</u>	<u>7097 1st St.</u>	<u>St. Augustine, FL 32092</u>

TS. 2/13/07

**REINSTATEMENT**

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

Pernell Riggins

Date

Daytime Phone #

2/6/07 (904) 716-4019