

DEC. 4. 2007 8:24AM C S C

NO. 639 P. 2/2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

37 DEC -4 AM 10:43

DOCUMENT # P01000046032

1. Corporation Name

Wayne Shorter, Inc.

2. Principal Office Address
20501 Ventura Blvd.

3. Mailing Office Address
20501 Ventura Blvd.

Suite, Apt. #, etc.
325

Suite, Apt. #, etc.
325

City & State
Woodland Hills, CA

City & State
Woodland Hills, CA

Zip
91364

Country
USA

Zip
91364

Country
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 5/3/01

5. FEL Number
651103309

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Corporation Service Company

(Please Print or Type Name of Agent)

1201 Hays Street

Room, Apt. #, Etc.

City
Tallahassee

State
FL

Zip
32301

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

Cynthia L. Harris

Cynthia L. Harris
1st Vice President

Date

12/4/07

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
Pres	Wayne Shorter	20501 Ventura Blvd., Ste 325	Woodland Hills, CA 91364
Sec	"	"	"
Treas	"	"	"
Dir	"	"	"

REINSTATEMENT

07 B

12/4/07

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:

Wayne Shorter

Wayne Shorter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 30, 2007 (310) 271-8727

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Cindy Harris 2937

CORPORATION REINSTATEMENT

WAYNE SHORTER, INC.

Certificate of Status	0
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