

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -5 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059085

1. Corporation Name

HIT TOWN RECORDS, INC.

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

6399 N.W. 95th Lane

Suite, Apt. #, etc.

City & State

Parkland, Florida

Zip

33076

Country

US

3. Mailing Office Address

6399 N.W. 95th Lane

Suite, Apt. #, etc.

City & State

Parkland, Florida

Zip

33076

Country

US

REINSTATEMENT

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

6/11/2001

5. FEI Number

56-2678071

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

Smiley, Roy C. II

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

6399 N.W. 95th Lane

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076



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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-31-07**

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
P	Smiley, Roy C. II	6399 N.W. 95th Lane	Parkland, FL 33076
VP	Awofadeju, Oluwatoyin A.	3390 N.W. 46th Avenue	Ft. Lauderdale, FL 33319
VP	Chestnut, Kevin J.	2789 S.Oakland Forest Dr.	Oakland Park, FL 33309

800112009838
11/05/07--01050--001 **500.00

800112009838
11/05/07--01050--002 **400.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-07

Daytime Phone #

954-461-987

B. Mitchell NOV 5 2007