

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 16 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009824746
01/06/03--01001--017 **758.75

DOCUMENT # P01000060580

1. Corporation Name

PIANO DISTRIBUTORS OF CLEARWATER, INC.

2. Principal Office Address

1475 12th Street East

Suite, Apt. #, etc.

3. Mailing Office Address

1475 12th Street East

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Palmetto, FL

Zip

34221

Country

U.S.A.

Zip

34221

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/01

5. FEI Number

65-1153187

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

Christopher J. Shields

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

1833 Hendry Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

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

REGISTERED AGENT MUST SIGN

Date

12/12/02

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/D	William C. Boyce, Jr.	4002 Roberts Point Rd.	Sarasota, FL 34242
S/T/D	Sandra K. Boyce	4002 Roberts Point Rd.	Sarasota, FL 34242

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-02

Date

(941) 729-5047

Daytime Phone #

12/16

CR2E031 (9/01)