PLEASE READ A	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
APPLICATION FOR REIN SATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS 0071067	7
Principal Place of Business 2809 MAYFAIR ROAD TALLAHASSEP FL 32306	Mailing Address -2609-MAYFAIR ROAD -TALLAHAGSEE FL 92308	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 2947 Indian Springs Lw. City & State Jallahassee, FL Zip Country 32303 USA 7. Names and Street Addresses of Each Officer and/o	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 2947 Indian Splings LN. City & State Tallaha SSel, FL Zip Country LS A	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number (54-373-1.303) 5. FEI Number (54-373-2.303) 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Title(s) Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	h 000-400-407
PD GODWIN, DANIEL D	2009 MAYFAIR ROAD	TALLAHASSEE-FL-32306
	2947 Indian Sprin	gs LN. Tallahosson, FL 32303
		D211/13
8. Name and Address of Current Re GODWIN, DANIEL D 2609 MAYFAIR ROAD TALLAHASSEE FL 32306	Name Street Address (F 79 47 Suite, Apt. #, Etc	hassee State Zip Code FL 32303
10. I, being appointed the registered agent of the above	e named corporation, am familiar with and accept the of	

11. 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 filling 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:

SUPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

1-850-385-2301

Date

Daytime Phone #

Dan Godwin Godwin Entertainment Mgmt. #P01000071067 Tallahassee, FL 850-385-2306

Florida Dept of State Division of Corporations

To whom it may concern,

This is Daniel D. Godwin, President/Director of Godwin Entertainment Mgmt., Inc. I wish to have my Re-Instatement Fee waived because I did not receive the last two UBR Notices.

I have been out of State with a musical group since February of this year. Only recently have I returned and have received this last Administration Dissolution of my Business from an associate of mine.

This matter's complication is a result of my mailing address changing from the address on the State of Florida forms. It is presently: Dan Godwin

2947 Indian Springs Ln. Tallahassee, FL 32303

My apologies for the delay. Since the original date of incorporation was 07-17-01, I thought it would be after August of '02 before a notice was sent out by you. Again, I apologize for the inconvenience.

I am sending this letter and a copy of the Re-instatement Form to you now, to assure the State of Florida that I am still in business and am in the process of clearing up many mistakes since my departure earlier this year on out of state business.

My \$150 Filing Fee will not be good till after November 1st, and it is then when I will send this letter again with the original Re-Instatement Form and my check. Please accept this letter as my pledge to the Dept. of Corporations that this matter is in resolve.

Thanks so much.

Dan Godwin (Godwin Entertainment Mgmt., Inc.)