

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055435

1. Corporation Name

JOHN GALT ENTERTAINMENT, INC.

Principal Place of Business

7680 UNIVERSAL BLVD., SUITE 565
ORLANDO FL 32819

Mailing Address

7680 UNIVERSAL BLVD., SUITE 565
ORLANDO FL 32819

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2817 W. END AVE #126

City & State

Nashville TN

Zip

37203

Country

DAVIDSON

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

5. FEI Number

621829127

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MURPHY, LENNON	7680 UNIVERSAL BLVD., SUITE 565	ORLANDO FL 32819

REINSTATEMENT

8. Name and Address of Current Registered Agent

PIERFY, DAVID
7680 UNIVERSAL BLVD., SUITE 565
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

Lennon Murphy

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

7680 Universal Blvd suite 565

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/6/03

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 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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/03

Daytime Phone #

CR2E040 (7/03)