

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000058250**

1. Corporation Name

E & E MUSIC AND MEDIA PRODUCTIONS, INC.

Principal Place of Business

**6880 ATLANTA STREET
HOLLYWOOD FL 33024**

Mailing Address

**6880 ATLANTA STREET
HOLLYWOOD FL 33024**

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.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

5. FEI Number

32-0048900

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	EBANKS, NEIL A	1471 NW 95 TERRACE 6880 Atlanta St.	PEMBROKE PINES FL 33024 HOLLYWOOD,

900024102249
10/27/03--01014--019 **150.00

8. Name and Address of Current Registered Agent

**EBANKS, JOHN
7750 N.W. 73RD COURT
MIAMI FL 33166**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/16/03

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

Date

Daytime Phone #

10.16.03 (954) 967-6139

FILED

03 OCT 27 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)



October 16, 2003

E&E Music and Media Productions
PO Box 848715
Pembroke Pines, FL 33084

**Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327**

~~Dear Sir or Madam:~~

I recently received this package stating that the division never received my Uniform Business Report. I indeed mailed the report, along with a payment of \$150 on March 11, 2003, the same day I mailed in my taxes. I had not received back the cancelled check and thus assumed that it was a long governmental process. I called the division and spoke with a gentleman named Justin, who informed me that my check and information was never received. It was obviously lost in the mail system.

Justin directed me to send this letter along with the enclosed form and a new check. I have contacted my bank and have placed a stop payment on the original check. If the original check does somehow make it to you, please send it back or shred it.

If there are any further questions, please contact me at 954-967-6139.

Thank you,

A handwritten signature in black ink, appearing to read 'Neil A. Ebanks', with a stylized flourish at the end.

Neil A Ebanks
President