## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

1	PRATION ATEMENT			RTMENT OF Sary of State corporations	STATE			NOV 18 Chilbany LAHASSE		-	
DOCUMENT# P02000694772  1. Corporation Name  JBS MUSIC											
2. Principal Offic 758 Suite, Apt. #, etc.		AVE MARTH	3. Mailing Office Address 758 / 0974 AVE MO Suite, Apt. #, etc.			700024739577 11/18/03-01045-014 (**150.00 A Date Incorporated or Qualified To Do Business in Florida 6/17/02					
City & State  NAPLES FL  Zip  Country			City & State  MAPLES FL  Zip MIN 8 Country			5. FEI Number 43-1964897 Applied For Not Applied For Not Applied For Not Applied For Not Applied For Required					
34100	0   (	JSA	39100	U2/H		CERTIFICATE	OF STATU	S DESIRED 🔲		ate of Status	
7. Name and Address of Current Registered Agent											
I Na	JULIE N BEARDEN-SHAFFER										
Str.	Street Address (P.O. Box Number is Not Acceptable) 758 10974 AVE NORTH										
Sui	Suite, Apt. #, Etc.										
Cit	CHY MAPLES						State <b>FL</b>	Zip Code 341	08		
8. I, being appointed the registered agent of the above named corporation amiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Date  Date											
9. Names and S	Street Addresse	s of Each Officer and	st 3 directors)	,							
Titles	Office	Name of ers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
P Ju	M 31M	BEARDEN-	SHAFFER 75	8 109th	AVE	NORTH	M	pres	FLS	4108	
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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 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: SIGNATURE AND TYPED ORPHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											

JBS Music, Inc. 758 109<sup>th</sup> Ave North Naples, FL 34108

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madame,

I state that I never received the Annual Report form for 2003. I have enclosed a completed corporation reinstatement form and \$150.00 to keep my business registered and current with the state of Florida.

Sincerely,

Julie N. Bearden-Shaffer, President

JBS-Music, Inc.

758 109<sup>th</sup> Ave North Naples, FL 34108

FEI 43-1964897