

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

04 MAR 25 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000099806**

1. Corporation Name

CITY MUSIC, INC.

Principal Place of Business

Mailing Address

1703 UNIVERSITY BLVD.
JACKSONVILLE FL 32211

1703 UNIVERSITY BLVD.
JACKSONVILLE FL 32211

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BROOMFIELD, DONALD F	1703 UNIVERSITY BLVD.	JACKSONVILLE FL 32211
D	YOUNG, TY	1703 UNIVERSITY BLVD.	JACKSONVILLE FL 32211

500030248795
03/10/04--01081--004 **150.00
500030248795
03/25/04--01013--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASHBOURNE J.D., WILLIAM H
1703 UNIVERSITY BLVD.
JACKSONVILLE FL 32211

Name
William H. Ashbourne J.D.
Street Address (P.O. Box Number is Not Acceptable)
12620-3 Beach Blvd
Suite, Apt. #, Etc.
Suite 316
City
Jacksonville
State
FL
Zip Code
32246

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

REGISTERED AGENT MUST SIGN

Date **11-1-03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-1-03** Daytime Phone #

William Ashbourne and Associates

1133 Cleveland Ave.
Atlanta, Georgia 30344
U.S.A.

Phone (404) 766-3232

March 03, 2004

Florida Department of State
ATTN: Glinda Hood, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: City Music, Inc.

Dear Ms. Hood:

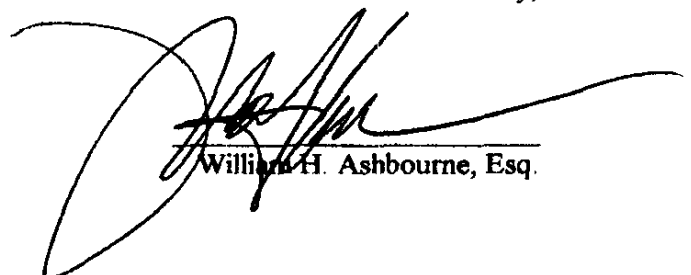
Please be advised that we are the firm that represents City Music, Inc. hereinafter referred to as "our client." We have been retained to apply for reinstatement for our client.

It appears that our client changed her address in September of last year. Our client's new address is 12620-3 Beach Boulevard Suite 316, Jacksonville, Florida 32246. As a result of this change of address, our client did not receive the appropriate registration/renewal forms. We regret this unfortunate circumstance.

Enclosed please find an application for reinstatement for City Music, Inc. Also enclosed is a money order in the amount of one hundred and fifty dollars (\$150.00). We hope that this will allow our client to be reinstated to good standing.

If there are any questions or further information needed please do not hesitate to contact our office.

Sincerely,



William H. Ashbourne, Esq.