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

REINSTATEMENT 03-04

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/13/2002

5. FEI Number: ☐ 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	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

CR2E040 (7/03)

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: _____ Date: 11-1-03
REGISTERED AGENT MUST SIGN

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: _____ Date: 11-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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.