

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV -7 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO 2000104648

1. Corporation Name

Undercover Records, Inc.

2. Principal Office Address

12342 Raleigh Ridge Dr. S.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/2002

5. FEI Number

470892302

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAROLYN HERMAN

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

830 S. THIRD STREET #104

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Carolyn Herman

REGISTERED AGENT MUST SIGN

Date

11/4/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Nelson Davis, Sr.	12342 Raleigh Ridge Dr. S.	Jacksonville, FL 32225
D	Nelson Davis, Jr.	12342 Raleigh Ridge Dr. S.	Jacksonville, FL 32225
D	McCloud, Paul	12342 Raleigh Ridge Dr. S.	Jacksonville, FL 32225

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 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:

X Nelson J. Davis Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/05

Daytime Phone #

(904) 294-2194

2/2

Undercover Records, Inc.  
12342 Raleigh Ridge Drive S.  
Jacksonville, FL 32225

November 4, 2005

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

Re: Undercover Records, Inc., P02000104648

To Whom It May Concern:

10/01/04

The above referenced corporation was administratively dissolved on ~~10/04/05~~. We did not receive our annual report form/postcard for either 2004 or 2005. Enclosed please a check in the sum of \$308.75 for the annual fee for both of those years and a Certificate of Good Standing along with a completed reinstatement form.

Very truly yours,

*Nelson Davis SR.*

Nelson Davis, Sr.  
President