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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 22 PM 4:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000088323

1. Corporation Name

Joab and Son Music Publishing Inc.

2. Principal Office Address

2600 Virginia Avenue NW

Suite, Apt. #, etc.

Suite 701

City & State

Washington, DC

Zip

20037

Country

3. Mailing Office Address

2600 Virginia Avenue NW

Suite, Apt. #, etc.

Suite 701

City & State

Washington, DC

Zip

20037

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/03

5. FEI Number

20-3977449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Judith S. Argao
Asst. Secretary & V. President

Date

12/22/05

REGISTERED AGENT MUST SIGN

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
P	A. Haqq Islam	77 West 24th Street	New York, NY 10010
EVP	N. William Jarvis	2600 Virginia Avenue NW	Washington, DC 20037

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 807 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 807.0401 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(5)(b), 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

N. William Jarvis
Executive Vice President

Date

12/22/05

Daytime Phone #

202-204-8700

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

JOAB AND SON MUSIC PUBLISHING INC.

Certificate of Status	0
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