

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 04, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P04000035063

1. Corporation Name

Book of James Music, Inc.

W08-31696

100135964641
09/16/08--01016--026 **500.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

363 Brier Rose Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

363 Brier Rose Ln.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32065

Country

USA

Zip

32065

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 23, 2004

5. FEI Number

20-00759707

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

Angela H. Johnson

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

363 Brier Rose Ln.

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32065

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 29 JUNE 2008

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	H. James Johnson, Jr.	363 Brier Rose Ln	Orange Park, FL 32065

100135964641
09/16/08--01016--027 **8.75

REINST

06-08

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 contained in Chapter 119, 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

6/29/08

904-534-2387

Date Daytime Phone #