

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 21 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904000153309

1. Corporation Name

E.O.Y. Records Inc.

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

1181 S Sumter Blvd

Suite, Apt. #, etc.

127

City & State

North Port FL

Zip

34287

Country

Sarasota

3. Mailing Office Address

Same

Suite, Apt. #, etc.

SAME

City & State

FL SAME

Zip

SAME

Country

SAME

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

201-977580

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

Rachelle Cox

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

1181 S Sumter Blvd

Suite, Apt. #, Etc.

127

City

North Port

State

FL

Zip Code

34287

☒ 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

Rachelle Cox

Date

12-18-07

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
President	Rachelle Cox	1181 S Sumter Blvd 127	North Port, FL 34287

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:

Rachelle Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-07

Date

Daytime Phone #

941
268-4800

B. Mitchell

12-18-07
2 of 2

E.O.Y. Records

The reason for the reinstatement was Rachelle Cox was in a very bad car accident and she was paralyzed for the past 2 years. and was unable and did not receive Reinstatement Documents. She is back on her feet and would love to get all of this taken care of.