


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000069121 1. Entity Name C & J MUSIC MINISTRIES, INC						FILED 07 OCT 25 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5809 N. 18TH STREET TAMPA, FL 33610				Mailing Address P. O. BOX 311252 TAMPA, FL 33680			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MITCHELL, CALEB L 5809 N. 18TH STREET TAMPA, FL 33610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Caleb L. Mitchell</u> 10/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO MITCHELL, CALEB L 5809 N. 18TH STREET TAMPA, FL 33610 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 400111360824 10/25/07--01047--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO MITCHELL, DEBORAH 5809 N. 18TH STREET TAMPA, FL 33610 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO Debra Mitchell 5809 N. 18th St. Tampa, FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP STANDMIRE, WILLAM R III 13075 SANCTAURY COVE DR APT 1337 TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP VP William R Standmire III 4501 Kennewick Place Ziverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Joshua Mitchell 5809 N. 18th St. Tampa, FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Caleb L Mitchell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/22/07 813-732-8250 <small>Date Daytime Phone #</small>			