

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2009-2010

200174167592
04/01/10--01028--024 **300.00

CR2E081 (11/09)

DOCUMENT # P06000141901

1. Corporation Name

PIANO IN THE HOME, INC

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

9601-87 MICCOSUKEE RD

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

TALLAHASSEE, FL.

City & State

Zip

32309

Country

LCOM

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2624527

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

ELIZABETH CROCKETT

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

9601-87 MICCOSUKEE RD

Suite, Apt. #, Etc

City

TALLAHASSEE

State

FL

Zip Code

32309

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

Elizabeth Crockett

REGISTERED AGENT MUST SIGN

Date

4-1-10

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
<u>P.</u>	<u>ELIZABETH CROCKETT</u>	<u>9601-87 MICCOSUKEE</u>	<u>TALLAHASSEE, FL. 32309</u>

10. E-mail Address: elizabethferm@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Elizabeth Crockett

4-1-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #