

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000037499

Entity Name: MUSICOTE, INC.

**FILED**  
**Aug 22, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5705 WHITE HICKORY CIRCLE  
TAMARAC, FL 33319

**New Principal Place of Business:**

5603 MULBERRY DR  
TAMARAC, FL 33319 UN

**Current Mailing Address:**

5705 WHITE HICKORY CIRCLE  
TAMARAC, FL 33319

**New Mailing Address:**

5603 MULBERRY DR  
TAMARAC, FL 33319 UN

FEI Number: 27-2503704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COTE, CHRISTOPHER A  
5705 WHITE HICKORY CIRCLE  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

COTE, CHRISTOPHER A  
5603 MULBERRY DR  
TAMARAC, FL 33319 US

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.

SIGNATURE: CHRISTOPHER A COTE

08/22/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COTE, CHRISTOPHER A  
Address: 5603 MULBERRY DR  
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER A COTE

D

08/22/2014

Electronic Signature of Signing Officer or Director

Date