## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

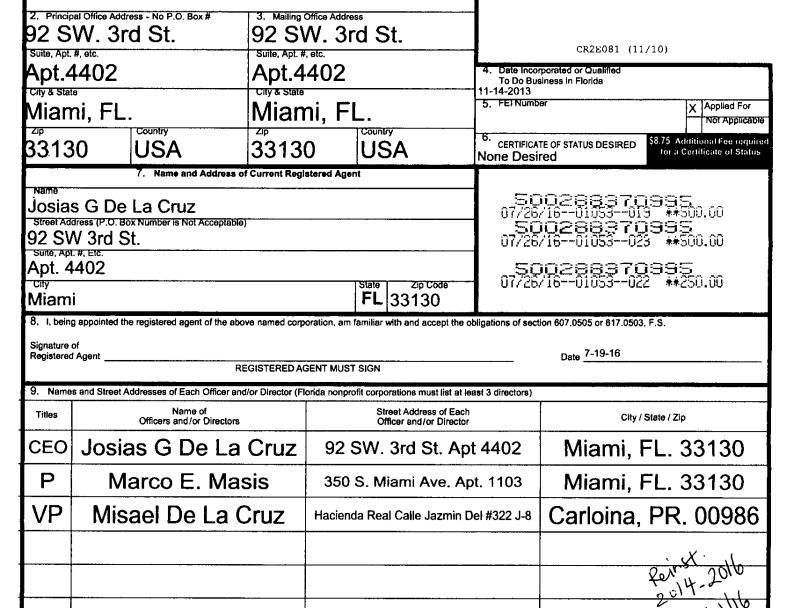
**DIVISION OF CORPORATIONS** 

DOCUMENT #

P13000092919

1. Corporation Name

## **Artillery Music Inc**



10. E-mail Address: artillerywork@gmail.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., and 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. I am aware the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-16 Days

16 JUL 26 PH 1:22

787-932-8921

Daytime Phone #