

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 APR 10 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

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04/10/08--01029--019 \*\*1208.75

**REINSTATEMENT 05-08**

DOCUMENT # P30628

1. Corporation Name

QRS Music Technologies, Inc.

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

2011 Seward Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34109

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/1990

5. FEI Number

36-3683315

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

Ann A Jones

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

2011 Seward Ave

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

*[Handwritten signature: Ann A Jones]*

REGISTERED AGENT MUST SIGN

Date

4/9/08

**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
P	Thomas Dolan	6410 Sunset Corp. Drive	Las Vegas, NV 89120
ST	Ann A. Jones	2011 Seward Ave	Naples, FL 34109
C	Richard Dolan	6410 Sunset Corp. Drive	Las Vegas, NV 89120

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:

*[Handwritten signature: Ann A Jones]*  
Ann A. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

239.597.5888

Daytime Phone #