

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048614

1. Corporation Name

ARTIST MANAGEMENT 3, INC.

Principal Place of Business

Mailing Address

~~112-114 E. CONCORD ST, STE 500
ORLANDO, FL 32801~~

~~112-114 E. CONCORD ST, STE 500
ORLANDO, FL 32801~~ Reinstatement
Sulister

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

ARTIST MANAGEMENT 3, INC

ARTIST MANAGEMENT 3, INC

Suite, Apt. #, etc.
112-114 E. CONCORD ST, STE 500

Suite, Apt. #, etc.
112-114 E. CONCORD ST, STE 500

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Zip
32801

Country
USA

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1993

5. FEI Number

59-3191986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	OROPEZA, KATHLEEN E	112-114 EAST CONCORD ST	ORLANDO FL 32801

4000002343724-3
-11/10/97--01177-028
****185.00 ****185.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARDS-OROPEZA, KATHLEEN
112-114 E. CONCORD STREET
SUITE 1590
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

407/425-6562

Daytime Phone #

CR2E040 (8/97)



(2)

October 27, 1997

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

VIA: AIRBORNE EXPRESS

RE: P93000048614 (0)

To whom it may concern:

I spoke with Trevor in your office regarding my address change & the fact that I had notified your office last year requesting a change. Apparently, your office did not record this request and as a result, my corporate renewal forms were going to one of several wrong addresses.

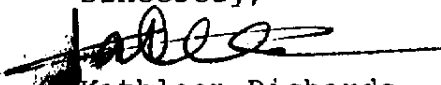
I have included a copy of my original address-change letter as proof of this request. Please make note that I do not wish to dissolve this corporation. Enclosed is a check for \$165.00 to cover my filing fee. Trevor asked that I send this letter, a copy of my original request, \$165.00 and my filing paper.

To reiterate, my new address is:

Artist Management 3, Inc.
112-114 E. Concord St.
Orlando, FL 32801

Thank you for your attention to this matter.

Sincerely,


Kathleen Richards
President

encl.