
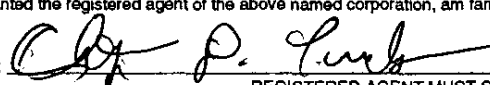
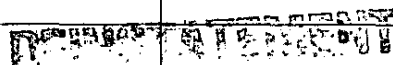



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000049644			
1. Corporation Name The Derek Trucks Band, Inc.			
2. Principal Office Address 4828 Julington Creek rd Suite, Apt. #, etc.		3. Mailing Office Address 5157-8 Roswell Rd Suite, Apt. #, etc.	
City & State Jacksonville FL Zip 32258 Country USA		City & State Atlanta GA Zip 30342 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 7/9/1993		5. FEI Number 59-3265823	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Christopher D Trucks			
Street Address (P.O. Box Number is Not Acceptable) 2126 West Rd			
Suite, Apt. #, Etc.			
City Jacksonville, FL		State FL Zip Code 32216	
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 		Date 08/14/04	
REGISTERED AGENT MUST SIGN			
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
D	Claude H Trucks	1472 Delmar St	Jacksonville, FL 32205
D	Derek Trucks	4828 Julington Creek rd	Jacksonville, FL 32258
D	Blake Budney	5157-8 Roswell Rd	Atlanta, GA 30342
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 95-04			
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 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: 		Date 8/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Blake Budney		Daytime Phone # 404-459-8795	

CR2E081 (01/04)