

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000077600

1. Entity Name  
THE MUSIC STAND OF PORT CHARLOTTE, INC.



2005 JUN 20 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1900 TAMiami TRAIL  
UNIT 139  
PORT CHARLOTTE, FL 33948 US

Mailing Address  
1900 TAMiami TRAIL  
UNIT 139  
PORT CHARLOTTE, FL 33948 US

2. Principal Place of Business  
2636 Tamiami Trail

3. Mailing Address  
2636 Tamiami Trail

Suite, Apt. #, etc.

City & State  
Port Charlotte, Florida

City & State  
Port Charlotte, Florida

Zip  
33952

Country  
USA

Zip  
33952

Country  
USA

06072005 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0396842

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

EDWARDS, DAVID  
1061 FARGUS LANE  
PUNTA GORDA, FL 33983

## 7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Edwards David Edwards 6-8-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME EDWARDS, DAVID  
STREET ADDRESS 1061 FERGUS LANE  
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE D ☐ Delete  
NAME EDWARDS, NANCY  
STREET ADDRESS 1061 FERGUS LANE  
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE S ☐ Delete  
NAME SANDROCK, JUDITH L  
STREET ADDRESS 21150 GERTRUDE AVE APT  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Edwards, David  
STREET ADDRESS 3206 Shalimar Terrace  
CITY-ST-ZIP North Port, FL 34286-5087

TITLE D ☒ Change ☐ Addition  
NAME Edwards, NANCY  
STREET ADDRESS 3206 Shalimar Terrace  
CITY-ST-ZIP North Port, FL 34286-5087

TITLE S ☒ Change ☐ Addition  
NAME Sandrock, Judith L.  
STREET ADDRESS 1678 Noble Terrace  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Edwards David Edwards 6-8-05 941-629-3979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

612162