

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 1:33

DOCUMENT # P94000049893

1. Corporation Name

ALLEN & ALLEN MUSIC, INC.

Principal Place of Business

6541 HAWKSMOOR DRIVE
ORLANDO FL 32818

Mailing Address

P.O. BOX 551215
ORLANDO FL 32855

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1994

5. FEI Number

59-3251456

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALLEN, BRUCE V.	10832 NAPLES CT SOUTH	JACKSONVILLE FL 32218
STD	WIGGINS, ALLEN T.D.	6541 HAWKSMOORE DR.	ORLANDO FL

900003033979--1
-11/03/99--01058--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SIMONIC, NICHOLAS T
8280 PRINCETON SQUARE BLVD. WEST
#5
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name
EMERSON C. NOBLE
Street Address (P.O. Box Number is Not Acceptable)
1177 LOUISIANA AVE.
Suite, Apt. #, Etc.
SUITE 109
City
WINTER PARK
State
FL
Zip Code
32789

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

REGISTERED AGENT MUST SIGN

Date 10/14/99

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/99