

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ~~4-9-95~~

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000001976

1. Corporation Name

LOCK-JAW RECORDS ENTERPRISE INC.

FILED

97 JAN 21 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~6514 NO. 40TH STREET STE. A  
TAMPA FL 33610~~

~~6514 NO. 40TH STREET STE-A  
TAMPA FL 33610~~

3902 E Powhattan  
Tampa FL 33610

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

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	<del>LEWIS, REGGIE L</del>	<del>3000 PATINA DRIVE</del>	<del>TAMPA FL 33610</del>
D	CAMPBELL, KEVIN	3902 E. POWHATTAN	TAMPA FL 33610
D	Martha Charles	3902 E Powhattan	Tampa FL 33610
D	Richard Jackson	3902 E Powhattan	Tampa FL 33610

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BLACK, JONATHAN R~~ Foster Lovett  
~~317 NW 163RD TERRACE~~ 400 Martin Luther King Blvd #108  
~~PENDBROKE PINES FL 33026~~ Tampa FL 33603

Name: Foster Lovett  
Street Address (P.O. Box Number is Not Acceptable): 400 MLK # 108  
Suite, Apt. #, Etc.: Tampa FLA  
City: Tampa FLA State: FL Zip Code: 33603

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

Foster Lovett

Date

1-16-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Kevin Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-97

CR2040 (7/96)