

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020230

1. Corporation Name

LETHAL EXPOSURE RECORDS, INC.

Principal Place of Business

Mailing Address

3619 E. MCBERRY STREET
TAMPA FL 33610

3619 E. MCBERRY STREET
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/13/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3302102	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P, T, S, V	STANLEY BINNS	3619 E. Mc BERRY ST.	TAMPA / FL / 33610
			600002036746--6
			-12/24/96--01067--018
			****236.25 ****236.25

REINSTATEMENT

12/23/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BINNS, STANLEY 3619 E. MCBERRY STREET TAMPA FL 33610		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		600002036746--6	
		Suite, Apt. #, Etc.	
		-12/24/96--01067--018	
		****147.50 ****147.50	
		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

STANLEY BINNS
REGISTERED AGENT MUST SIGN

Date 11-29-96

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)(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:

STANLEY BINNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 852-9044
Daytime Phone #