

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 DEC 13 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 995000674500

**1. Corporation Name**

Prairie Moon Records Incorporated

**2. Principal Office Address**

630 US Hwy 1

Suite, Apt. #, etc.

Suite 205

City & State

N. Palm Beach, FL

Zip

33408

Country

USA

**3. Mailing Office Address**

630 US Hwy 1

Suite, Apt. #, etc.

Suite 205

City & State

N. Palm Beach, FL

Zip

33408

Country

USA

REINSTATEMENT 02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

-09/25/1995

**5. FEI Number**

65-0670353

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Slavin, Michael A.

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

4440 PGA Blvd.

Suite, Apt. #, Etc.

Suite 402

City

Palm Beach Gardens

State

FL

Zip Code

33410

**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

REGISTERED AGENT MUST SIGN

Date

12/5/02

**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
DPT	Durr, Nicole	675 Third Ave., 3rd Floor	New York, Ny 10017
S	Bielski, Karen	292 S. County Rd. Suite 213	Palm Beach, FL 33480

*Handwritten signature/initials*

**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:

*Karen Bielski* KAREN BIELSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-379-7134

CR2E081 (9/01)