

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000004203

1. Corporation Name

LAND'S MUSIC N SUCH, INC.

Principal Place of Business

Mailing Address

5511 BRADSHAW ST.  
JACKSONVILLE FL 32277

5511 BRADSHAW ST.  
JACKSONVILLE FL 32277

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

2. New Principal Office Address, If Applicable

6033 BEACH BLVD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
JACKSONVILLE FL

City & State

Zip  
32216 Country  
DUVAL

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/1996

5. FEI Number

59-3357181

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LAND, MARY E	5511 BRADSHAW ST.	JACKSONVILLE FL 32277
			700002705487--6 -12/08/98-01007-024 ****550.00 ****550.00
			700002705487--6 -12/08/98-01007-025 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

LAND, MARY E  
5511 BRADSHAW ST.  
JACKSONVILLE FL 32277

9. Name and Address of New Registered Agent

Name  
MARTHA CASALE  
Street Address (P.O. Box Number is Not Acceptable)  
6033 BEACH BLVD  
Suite, Apt. #, Etc.

City  
JAX FL

State  
FL

Zip Code  
32216

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 *Martha Casale* **RED**

Date 11/18/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 *Mary Elizabeth Land* **RED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/18/98

Daytime Phone #

FILED

98 NOV 23 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E040 (9/98)