

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 125

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 15 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026295

**1. Corporation Name**

Melody Acres Music Inc.

**2. Principal Office Address**

6169 Jog Road

Suite, Apt. #, etc.

A-6

City & State

Lake Worth FL

Zip

33467

Country

USA

**3. Mailing Office Address**

6169 Jog Road

Suite, Apt. #, etc.

A-6

City & State

Lake Worth FL

Zip

33467

Country

USA

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

3-20-1996

**5. FEI Number**

650662855

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

Michelle Burnside

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

4565 Woodmere Lane

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

**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

*Michelle M. Burnside*

REGISTERED AGENT MUST SIGN

Date

10 JANUARY 2004

**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
P	Michelle M. Burnside	4565 Woodmere Lane	Lake Worth, FL 33463

300027011983

01/15/04--01020--022 \*\*300.00

03-04-13

**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:

*Michelle M. Burnside*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 JANUARY 2004

Daytime Phone #

561  
969-0037

CR2E081 (10/02)

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**MELODY ACRES MUSIC INC**

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6169 Jog Road A-6  
Lake Worth Fl 33467  
561-969-0037

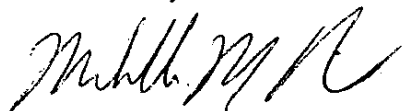
January 12, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee Fl 32314

To Whom it may concern.

I spoke to Eula on the phone this morning at 8:30 Am, and she advised me to write this letter. We never received our forms to file our 2003 annual business report. They were returned to your office. This is a letter of request to waive the re-instatement fees. Enclosed is a check for \$300.00 to cover our 2003 and 2004 annual business report. Our new address is on the form.

Sincerely



Michelle M. Burnside  
CEO  
Melody Acres Music Inc.