PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (97) REINSTATEMENT

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

APPROVED AND FILED

97 DEC 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000028703**

1. Corporation Name
LUTHER CAMPBELL MUSIC, INC.

Principal Place of Business	Mailing Address
~~8400 NE 2 AVE~~	~~8400 NE 2 AVE~~
~~MIAMI FL 33138.~~	~~MIAMI FL 33138~~

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
831 12th Street	831 12th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country	Zip: 33139 Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/1996

5. FEI Number: 65-0650846 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	CAMPBELL, LUTHER	7180 N OAKMONT DR	MIAMI LAKES FL 33015
			400002803754--7 -12/26/97--01097--027 ****750.00 ****750.00
			REINSTATEMENT 1997
			12/16/97

8. Name and Address of Current Registered Agent

CAMPBELL, LUTHER
8400 NE 2 AVE
MIAMI FL 33138

9. Name and Address of New Registered Agent

Name: Gregory Samms, Esq.
Street Address (P.O. Box Number Is Not Acceptable): 8800 Biscayne Blvd.
Suite, Apt. #, Etc.: 9th Floor
City: Miami State: FL Zip Code: 33137

CR2E040 (8/97)

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: Gregory Samms
REGISTERED AGENT MUST SIGN
Date: 12/10/97

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/97 Date

(305) 538-7696 Daytime Phone #