PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 DEC 28 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028755

1. Corporation Name
MELODY CRAFTEE MUSIC, INC.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 943 LAKE ASBURY DRIVE | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: GREEN COVE SPRINGS, FL | City & State: SAME |
| Zip: 32043 Country: U.S.A. | Zip: " Country: " |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 3/1996

5. FEI Number: 59-3373530 ☐ 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: ROBERT INGRAM
Street Address (P.O. Box Number is Not Acceptable): 943 LAKE ASBURY DRIVE
Suite, Apt. #, Etc.:
City: GREEN COVE SPRINGS State: FL Zip Code: 32043

300215591063
12/28/11--01039--001 **750.00

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: Robert Ingram Date: 12-26-2011
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| PRES | ROBERT W. INGRAM | 943 LAKE ASBURY DR. | GREEN COVE SPRINGS, FL 32043 |
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10. E-mail Address: MOLLYHATCHETBAND@AOL.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Robert Ingram 12-26-2011 904-657-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

904-657-1488