

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000064790**

1. Corporation Name

CADENCE ENTERTAINMENT, INC.

Principal Place of Business

3700 N W 91ST STREET
C 200
GAINESVILLE FL 32606

Mailing Address

3700 N W 91ST STREET
C 200
GAINESVILLE FL 32606

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

- Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1996

5. FEI Number

59-3390444

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 3	City / State / Zip 4
PCD	CRAWFORD, PATRICIA	1426 N.W. 25TH TERRACE	GAINESVILLE FL 32605
VD	HENDERSON, GRAHAM	10015 LASSEN STREET	NORTH RIDGE CA 91824
MD	CRAWFORD, WALLACE J JR	1426 NW 25TH TERRACE	GAINESVILLE FL 32605
VDT	CRAWFORD, ROBERT	3634 NW 51ST TERRACE	GAINESVILLE FL 32606
VDS	ELRAD, RANDI K	8205 S W 44TH TERR	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

CRAWFORD, PATRICIA A
1426 N.W. 25TH TERRACE
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **Oct 23, 2000**

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 23, 2000 352 374-2225



REINSTATEMENT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 AM 10:45

CR2E040 (9/00)