

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104280

1. Corporation Name

GUITAR HAVEN, INC.

Principal Place of Business

Mailing Address

604 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

604 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1996

5. FEI Number

59-3424042

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	KATZ, HOWARD JAY	604 EAST NEW HAVEN AVENUE	MELBOURNE FL 32901
D	KATZ, HOWARD JAY	604 EAST NEW HAVEN AVENUE	MELBOURNE FL 32901
			000024896490 11/21/03--01004--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, HOWARD JAY  
604 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Howard Jay Katz*  
*Howard Jay Katz*

Date

10/8/03

REGISTERED AGENT MUST SIGN

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:

*Howard Jay Katz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CR2E040 (7/03)

Guitar Haven, Inc.  
604 E. New Haven Ave.  
Melbourne, FL 32901

10/08/03

Attention  
Enclosed is a check for \$150.00 for annual fee. Annual report was never recieved, at our address, & thanks for reinstatement.  
Thank you  
Howard Katz      President