

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAY 24 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000096171*

1. Corporation Name

Faith Out Loud Music, Inc

2. Principal Office Address

2203 Dearborn Dr

3. Mailing Office Address

2203 Dearborn Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nashville, TN

City & State

Nashville, TN

Zip

37214

Country

USA

Zip

37214

Country

USA

**REINSTATEMENT**

*04-06 RSC*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/97

5. FEI Number

650799727

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

Ron Crawford

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

1912 Dudley Place

Suite, Apt. #, Etc.

City

Sarasota

State  
FL

Zip Code

34235

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

*Ron Crawford*

REGISTERED AGENT MUST SIGN

Date

5/23/06

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/D	Ed J. Cheetham	4155 Hilldale Rd	San Diego, CA 92116
S/D	Fred Francis	2203 Dearborn Dr.	Nashville, TN 37214

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 contained in Chapter 119, 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:

*Ed J. Cheetham*

Ed J. Cheetham

5/22/2006 615-902-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #