

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 18 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107705

1. Corporation Name

Phattmaxx Records, Inc.

2. Principal Office Address

205 Sweetwater Ct Dr W.
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 916339
Suite, Apt. #, etc.

City & State

Longwood, FL

Zip 32779 Country USA

City & State

Longwood, FL

Zip 32791 Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/97

5. FEI Number

593486095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

7. Name and Address of Current Registered Agent

Name

Roger Scott, Jr.

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

2120 Suffield Dr.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/11/2000

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.	Steven C. Moore	205 Sweetwater Ct Dr W.	Longwood, FL 32779

REINSTATEMENT 99-0011 TS

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 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

1/11/2000
Date

407-869-9950
Daytime Phone #