PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000029717

1. Corporation Name

SUZUKI INSTITUTE SCHOOL OF MUSIC, INC.

R	EII	18	TA	P		V	E۱	IT	O°
---	-----	----	----	---	--	---	----	----	----

400024506214

Suite, Apt. #, etc.		Suite, Apt. #, etc.			
SUITE A				4. Date Incorporated or Qualified To Do Business in Florida 03/3	0/1998
City & State SARASOTA, FL.		City & State		5. FEI Number 65-0823603	Applied For Not Applicable
^{Zip} 34239	Country SARASOTA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DARRYL MIZER			
Street Address (P.O. Box Number is Not Acceptable) 3100 S. TAMIAMI TRAIL			
Suite, Apt. #, Etc. SUITE A			
City SARASOTA	State FL	Zip Code 34239	

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	d Agent	RED AGENT MUST SIGN	Date11/03/2003		
9. Name	s and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations must list at least 3 directors	9)		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Р	MIZER, JOYCE	8951 HUNTINGTON POINTE DR	SARASOTA, FL. 34238-3207		
ST	MIZER, DARRYL	8951 HUNTINGTON POINTE DR	SARASOTA, FL. 34238-3207		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRYL MIZER

11/03/2003 941-330-9930

Daytime Phone #

ID No. 65-0823603

3100 S. Tamiami Trail, Sarasota, Fl. 34239 phone 941-330-9930: fax 941-366-0104 email: drmizer@verizon.net www.SarasotaSuzuki.org

November 3, 2003

DIVISIONS OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314-6327

To Whom It May Concern:

Since incorporating in 1998 we have always paid our fee on time. This year, for an unknown reason, we did not receive the proper form to continue our active status. It was only when we received your letter to us that we were aware of our status.

Additionally, as you see by our address, we relocated. This created havoc for a period of time with all of our mail.

In an effort not to have this happen in the future, we have changed our Registered Agent from Financial Foundations, Inc, in Palm Harbor, Florida to our corporate office.

With kindest regards,

Darryl Mizer

Suzuki Institute School of Music, Inc.