PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # P98000055837

1. Corporation Name

Principal Place of Business

BA¥ ISLAND RECORDS, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

· · · · · · · · · · · · · · · · · · ·			401-LANDMARK-GOURT. #201- TAMPA FL 33609					)O1
If above ac	ddresses are incorrect in any way, line thro	ugh incorrect int	formation and enter co	pricable	NSTA 4. Date Incorpo	prated or Qualified	- C.	
3206 AZEELE ST. P.O. Suite, Apt. #, etc. Suite, Apt. #,			BOV 1598		To Do Business in Florida 06/17/1998			98
H QOY  City & State  City & State					5. FEI Number	3531250	· ,  -	Applied For Not Applicable
<u>TAM</u> 210 334	RA, FL Country 209 USA	TAM!	PA, FL Country -1598 His	LSBOROUGH	6.	OF STATUS DESIRED	\$8.75 Addition	onal Fee required ficate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	GAMBARDELLA, ELEANOR		401 LANDMARK COURT, #20T		TAMPA FL 33609			
			3206 AZEELE ST. #204					
			Tempa, T	~\_ \ <u>_</u> \\336a	29			
			900030991690 -01/14/0001072019					
		, ,				****750.0		750.00
					***		LS	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
	ARDELLA, ELEANOR WIDMARK COURT, #201	Street Address (P.O. Box Number is Not Acceptable)						
	A FL 33609	3206 AZEELE ST, Suite, Apt. #, Etc. # 204						
				City	PA		State Zip Co	3609
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 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.								