2007 FOR PROFIT CORPORATION REINSTATEMENT

,	REINSTATEMENT								
DOCUMENT # P99000033023						I I I me	2 1 1		
1. Entity Name WICKSELL PIANO SERVICE, INC.					20	08 JAN -8	AM 9:46		
Principal Place of Business Mailing Address					-S	ECRETARY	OF STAT		
4240 S.W. 9TH ST. PLANTATION, FL 33317		4240 S.W. 9TH ST. PLANTATION, FL 33317		SECRETARY OF STAT					
							ICID 21 EDID 300		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc.							
Suite, Apt. #, etc.		Soile, Apr. #, etc.		09272007 F	REIN-P	CR2E098 (1/07)			
City & State		City & State		4. FEI Number 65-092279)7	<u> </u>	oplied For ot Applicable		
Žip	Country	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Add		
·	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered Agent				
WICKSELL, MARTHA R				Mame					
4240 SW 9TH ST PLANTATION, FL 33317				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligation of registered agent.									
SIGNATURE Substitute typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating). DATE									
	E NOW!!! FEE IS \$750.00 nuary 1, 2008, Fee will be \$900.0	00							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TOTLE		7,00711011070707111	1020100110	☐ Change	Addition	
NAME	WICKSELL, MARTHA R		NAME	.	800	11136	00158		
STREET ADDRESS CITY-ST-ZIP	4240 SW 9TH ST PLANTATION, FL 33317		STREET ADDRES CITY-ST-ZIP	15	01/03/0	801022-	010 **150	0.00	
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NAME STREET ADDRESS			NAME STREET ADDRES	.				l	
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									
signature! atta d. Wisheld 12-28.07 954-792-5202									
SIGNATURE WASHING OFFICER OR DIRECTOR									

1/2 av

WICKSELL PIANO SERVICE INC. 4240 S.W. 9 M ST PLANTATION, FL 333/7 DECEMBER 28, 2007

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

P.O. Box 6327

TALL AHASSEE, FL. 32314
Re: SEI 65-0922797
To Whom IT MAY CONCERN:

THIS IS LATE DUE TO MANY MEDICAL PROBLEMS STARTING EN MARCHDOOD WITH CANCER FOR MY HUSBAND, LUNG TESTS and SURGORY FOR ME SUPTEMBER AND OCTOBER, ENDING WITH THE DEATH OF MY HUSBAND DECEMBER: 6 2007

I DO NOT BENEMBER MY NOTICE AS A
REMINDER EITHER.

OLSASS ACCEPT MY CHECK FOR 150°

THANK YOU.

Martha & Workell, Phrsiown Jounn WICKSELL GIANO SEKVICZ, INC 954-792-5202