

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JUL 29 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055004

1. Corporation Name INSTALLATION & SHUTTERS, INC.
4181 WEST 1st. AVE
HIALEAH, FL 33012

2. Principal Office Address
SAME ABOVE

3. Mailing Office Address
SAME ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

JUNE 16/1999

5. FEI Number
650927013

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

ARIEL ESTRADA

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

4181 WEST 1st. AVE.

Suite, Apt. #, Etc.

City

HIALEAH,

State
FL

Zip Code
33012

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

Date

REGISTERED AGENT MUST SIGN

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	ARIEL ESTRADA	4181 WEST 1st. AVE	HIALEAH, FL 33012

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)(l), 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

Date

Daytime Phone #

CR2E081 (9/00)



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Marvin Marshall

Chief Technology Officer

President and Majority Stockholder

July 24, 2002

Florida Department of State
Division of Corporations
Reinstatement Division
Tallahassee, Florida
850-245-6059

Dear Sir or Madam:

The address you have for Song 1, Inc, a Florida Corporation, is incorrect. I did not receive the 2001 form for the Annual Report. This was probably due to the fact that I have not been there since August 2000.

Our Corporate Office current address is.

Song1, Inc.
1103 Cedar Pointe Parkway
Antioch, Tennessee 37013

Our Registered Agent, name and current address:

Guy Bailey, Esq.
3250 Mary Street - Suite 301
Miami, FL 33133
305-374-5505

Enclosed is my personal check, for \$300. It is my understanding that given the address problem and because I did not receive the notice and that I have the proper form filled out and attached we will now be properly reinstated.

Thank You,

Marvin E. Marshall
President

Guy Bailey, Esq.
Registered Agent