

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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01/02
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -2 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065588

1. Corporation Name

Jerratile Records, Inc

2. Principal Office Address 3210
COUNTRYSIDE

3. Mailing Office Address

//

Suite, Apt. #, etc.

VIEW DR

Suite, Apt. #, etc.

//

City & State

ST. CLOUD FL

City & State

//

Zip

34772 USA

Zip

// Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1101921

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

Deon Humphrey

300005507513--6

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

3210 Countryside View Drive

-05/14/02--01001--020

****300.00 ****300.00

Suite, Apt. #, Etc.

City

St. Cloud

State
FL

Zip Code
34772

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

Deon Humphrey

Date 2/28/02

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

PRES	DEON HUMPHREY	3210 COUNTRYSIDE VIEW DR	ST. CLOUD FL 34772

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

Date

Daytime Phone #

2/28/02 (107)
897 0440

CR2E081 (9/01)