

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUL 29 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Songl, Inc.

**2. Principal Office Address**

1103 Cedar Pointe Parkway

Suite, Apt. #, etc.

City & State

Antioch, Tennessee

Zip

37013

Country

Davidson

**3. Mailing Office Address**

1103 Cedar Pointe Parkway

Suite, Apt. #, etc.

City & State

Antioch, Tennessee

Zip

37013

Country

Davidson

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

April 1995

**5. FEI Number** 65-0952468

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

Guy Bailey, Esq.

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

3250 Mary Street

Suite, Apt. #, Etc.

Suite 301

City

Miami

State  
**FL**

Zip Code  
33133

**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

*Guy Bailey, Esq.*

Guy Bailey, Esq.

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
President	Marvin E Marshall	1103 Cedar Pointe Parkway	Antioch, TN 37013

**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:** *Marvin E. Marshall* Marvin E. Marshall President

July 24, 2002 615-731-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

js 7/24/02