

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 3:22

DOCUMENT #

P99000090384

1. Corporation Name

Kings RECORDS, INC

2. Principal Office Address

4466 NW 89thway

Suite, Apt. #, etc.

3. Mailing Office Address

4466 NW 89thway

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33005

Country

City & State

Coral Springs, FL

Zip

33005

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-1009429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00

7. Name and Address of Current Registered Agent

Name

Michael King, JR

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

4466 NW 89thway

Suite, Apt. #, Etc.

City

Coral Springs, FL

State

FL

Zip Code

33005

20003454832-9
-11/07/00--01050--009
***758.75 ***758.75

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

Michael A King Jr

REGISTERED AGENT MUST SIGN

Date 10/15/00

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
D	Michael King JR	4466 NW 89thway	Coral Springs, FL 33005

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:

Michael A King Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00

Date

(501) 289-4708

Daytime Phone #

CR2E081 (9/99)