

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION
FOR



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

FILED

00 OCT 23 PH 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093762

1. Corporation Name

FRESH START RECORDS AND PRODUCTIONS INC.

Principal Place of Business

Mailing Address

5912 NEW KINGS RD.
JACKSONVILLE FL 32209

5912 NEW KINGS RD.
JACKSONVILLE FL 32209



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Jacksonville Fla

Zip

Country

Zip

Country

32236 Duval

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PD | BROOKS, QUINCE | 5026 DONCASTER AVE. | JACKSONVILLE FL |
| STD | ROBERTS, CHRISTOPHER | 5912 NEW KINGS RD. | JACKSONVILLE FL 32209 |
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****150.00 ****150.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERTS, CHRISTOPHER
5912 NEW KINGS RD.
JACKSONVILLE FL 32209

| | |
|--|----------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State FL Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Christopher Roberts* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-20-00

11. 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.

Christopher Roberts

SIGNATURE: *Christopher Roberts* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00 904-610-8185
Date Daytime Phone #

To Whom it may
concern, I am writing
this letter to see if you
can waive the reinstatement
fee, because the "Notice of
Administrative Dissolution or
Revocation" is the only notice
I have received. The physical
address of the corporation
is the address for many
other businesses, on the same
street, but from now on
I will be using my P.O. Box.
61794 Jacksonville Florida

Fresh Start Records
& Productions