

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000093762

1. Corporation Name

FRESH START RECORDS AND PRODUCTIONS INC.

Principal Place of Business

Mailing Address

5912 NEW KINGS RD.
JACKSONVILLE FL 32209

P.O. BOX 61794
JACKSONVILLE FL 32236

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 AM 9:31



09-05-01 90172 003 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1999

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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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-11/27/01--01003--020
*****3.00 *****3.00

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

Christopher Roberts

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

1791 Helen drive #3

Suite, Apt. #, Etc.

City

Jacksonville Fla

State

FL

Zip Code

32210

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
REGISTERED AGENT MUST SIGN

Date 10-25-01

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.

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

Date

Daytime Phone #

10-25-01 727-750

20F2

Dear dept of Education, I have sent
off for my F.E.I. Number, and have not
got the number yet. I did not get a
letter from your office July 7, please,
file my report, and waive the Late
fee. My \$150.00 has been sent to the
state, and the check has been cashed,
for my report. Thank you.