PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATE REINSTATEMENT

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

DOCUMENT # S59201

1. Corporation Name

MUSICFEST ORLANDO, INC.

2. Principal Office Address	**3.** Mailing Office Address
771 Kirkman Road	1553 Boren Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
118	
City & State	City & State
Orlando, FL 32811	Orlando, FL 34761

Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/12/91

5. FEI Number 59-3088104   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

J. Timothy Dye

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

1553 Boren Drive

Suite, Apt. #, Etc.

City	State	Zip Code
Ocoee	FL	34761

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****450.00 ****450.00

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 _____ REGISTERED AGENT MUST SIGN

Date June 15, 2000

CR2E081 (9/99)

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
P	J. Timothy Dye	1553 Boren Drive	Ocoee, FL 34761
V/P	Bryan N. Cole	4256 Tide Water Drive	Orlando, FL 32812
S/T	Bryan N. Cole	4256 Tide Water Drive	Orlando, FL 32812
			LS

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: _____ J. Timothy Dye   June 15, 2000   407 654 2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

June 19, 2000

Department of State
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, Florida   32399

RE: **DOCUMENT #S59201**

Please find enclosed our Corporation Reinstatement form, along with our check in the amount of $450.00. We ask that the late fee be waived as we did not receive an Annual Report form for the past two years, as the form was mailed to a previous address. We did however, have the current address on the 1997 Annual Report form, at the time it was filed.

Should you have any questions, please do not hesitate to let me know. Thank you for your assistance in the matter.

Sincerely,

Patricia A. Horn
Accounting

Enclosures