

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102
FILED

CORPORATION



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

02 FEB 11 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 15636**

1. Corporation Name

CHED MUSIC CORPORATION

2. Principal Office Address

606 SHORELINE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

606 SHORELINE DRIVE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119

Country
USA

Zip
34119

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/92

5. FEI Number

65-0377012

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

TOBIAS, FRED

000005097370--0

03/12/02 01058-035

******450.00 ****450.00**

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

606 SHORELINE DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

Fred Tobias

Date **2/2/02**

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
DP	TOBIAS, FRED	606 SHORELINE DRIVE	NAPLES, FL 34119

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:

Fred Tobias

2/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

282
Ched Music Corporation
Holee Music Company

606 Shore Line Dr.
Naples, FL 34119
Phone (941) 348-8207
Fax (941) 348-8997

February 6, 2002

Ms. Barbara Mitchell
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mitchell

Thank you for your assistance via our phone conversation this afternoon.
As I explained I never received notification and thus was unable to
comply with the request for payment.

As you suggested, I have enclosed a check for \$450.00 to remedy the
situation, and again I thank you for your help.

Sincerely,

Fred Tobias
Fred Tobias