

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC 11 PM 12:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V55148**

1. Corporation Name
MARCO MUSIC CO.

Principal Place of Business
 P.O. BOX 1071
 MARCO ISLAND FL 33969

Mailing Address
 P.O. BOX 1071
 MARCO ISLAND FL 33969



000002375700--8
 -12/17/97--01108--005

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

07/31/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0342331**

Applied For
 Not Applicable

City & State

City & State

Zip Country

Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HOUGHTALING, J. ROBERT	1854 DOGWOOD DRIVE	MARCO ISLAND FL

REINSTATEMENT *97*

5x 12-16-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOUGHTALING, J. ROBERT
 1854 DOGWOOD DRIVE
 MARCO ISLAND FL 33937

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 *[Signature]*
 REGISTERED AGENT MUST SIGN

Date *12/1/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/97 941.642.7462
 Date Daytime Phone #

CP2E040 (8/87)