

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -9 PM 2:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #.V66136

1. Corporation Name

PIANO KIDS, INC.

3237 CHELSEA CT
3237 CHELSEA CT

2. Principal Office Address

3237 CHELSEA CT

Suite, Apt. #, etc.

3. Mailing Office Address

3237 CHELSEA CT

Suite, Apt. #, etc.

City & State

MILTON FL

City & State

MILTON FL

Zip

32583-8440

Country

Zip

32583-8440

Country

4. Date Incorporated or Qualified

To Do Business in Florida 09/21/1992

5. FEI Number

59-3114824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-04

7. Name and Address of Current Registered Agent

Name

GRACE, JAMES C

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

3237 CHELSEA CT

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32583-8440

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

Date

REGISTERED AGENT MUST SIGN

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
D	GRACE, JAMES C	3237CHELSEA CT	MILTON FL 32583
D	GRACE, ANGELA	3237 CHELSEA CT	MILTON FL 32583

600042605056
11/09/04--01062--019 **1350.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-04 850 994 2888

Date

Daytime Phone #

CR2E081 (01/04)

11/17/04