PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 6:01

DOCUMENT # 630210

1. Corporation Name

SOUND CONNECTIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
203 FLAGSHIP DR. LUTZ FL 33549	203 FLAGSHIP DR. LUTZ FL 33549

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

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/1979

5. FEI Number: 59-1921014 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARCUS, STUART	611 CHANCELLAR DR.	LUTZ FL
VD	MARCUS, HENRY	4053 SHORESIDE DR.	TAMPA FL
V	MARCUS, MOLLIE	4053 SHORESIDE DR.	TAMPA FL

07-17-00 90013 046 $150.00

200003469142-6
-11/17/00--01084--013
****400.00 ****400.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARCUS, STUART 611 CHANCELLAR DR. LUTZ FL	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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] Date: 10/30/00
REGISTERED AGENT MUST SIGN

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: [signature] STUART MARCUS, PRESIDENT 10/30/00 813-948-2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

vampire WIRE

Performance That Goes Beyond This World

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October 30th, 2000

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

I sent payment in July, but under paid by mistake. I did not receive any notice of such. Last week I called your offices and was told to send this note with a check for $400.00 to correct the error. You will find the same enclosed.

Thank you for your help in correcting my mistake.

Sincerely,

Stuart Marcus,
President

SM/jw
enclosure

VampireWire
is a registered trademark of
Sound Connections Int'l, Inc
203 Flagship Drive
Lutz, Fl USA 33549
PH: 813.948.2707
FAX: 813.948.2907
www.vampirewire.com