

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

99 OCT 21 PM 12:57

DOCUMENT # F98000006200

1. Corporation Name
AUDIOLOGY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
714 LYNDON LANE SUITE 11 LOUISVILLE KY 40222	714 LYNDON LANE SUITE 11 LOUISVILLE KY 40222



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/1998	
City & State		City & State		5. FEI Number	
Zip		Country		31-1523787	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Add'l. 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	4 City / State / Zip
CP	FORSHEE, THOMAS	714 LYNDON LANE SUITE 11	LOUISVILLE KY 40222
STD	TURNERY, SUZANNE	714 LYNDON LANE SUITE 11	LOUISVILLE KY 40222
CEO	TURNERY, EDWARD	714 LYNDON LANE SUITE 11	LOUISVILLE KY 40222
D	LAZICH, RICHARD	714 LYNDON LANE SUITE 11	LOUISVILLE KY 40222
600003029848-5 -11/01/99--01005--016 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Cindy Morris	
		Street Address (P.O. Box Number is Not Acceptable) 10875 Park Blvd.	
		Suite, Apt. #, Etc. Suite B-2	
		City Seminole	State FL Zip Code 33772

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 Cindy Morris REGISTERED AGENT MUST SIGN Date 10/19/99

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)(l), 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: Edward L. Turney 10-15-99 502-425-6229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFC2000 (09/99)