

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 2:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000019335**

1. Corporation Name

**SIGHT & SOUND OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

3352 SOUTH US HWY 17-92  
 CASSELBERRY FL 32707

3352 SOUTH US HWY 17-92  
 CASSELBERRY FL 32707

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03-04

700029403547  
 02/25/04--01070--001 \*\*758.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3699911

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	4 City / State / Zip
D	BRISLENN, JAY R	748 NEUSE AVENUE	ORLANDO FL 32804

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDMAN, EVAN M ESQ  
 5975 SUNSET DRIVE SUITE 604  
 S MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

Suite # 601

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

2/23/04

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 19, 2004

Date

407  
 765-9980  
 Daytime Phone #

CRE040 (7/03)