

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 8:22

DOCUMENT # 447579

1. Corporation Name

SOUND ADVICE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 02-03



600014309116  
03/18/03--01011--003 \*\*308.75

Principal Place of Business

Mailing Address

% CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324  
US

% CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324  
US

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

03/12/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1520531

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>VP</del>	MCGUIRE, JOSEPH	<del>10 PEQUOT WAY</del> 40 PEQUOT WAY	CANTON MA 02021
<del>P</del> PT	<del>BESHOURI, PETER</del> Stone, Jeffrey	<del>301 EAST LAS OLAS BLVD., SUITE A</del> 40 PEQUOT WAY	<del>FORT LAUDERDALE FL 33301</del> CANTON MA 02021
<del>AS</del> S	<del>BANCROFT, TIMOTHY</del> KITT SAWITSKY	<del>400 ATLANTIC AVENUE</del> 400 Atlantic Avenue	<del>BOSTON MA 02110</del> Boston MA 02110
AS	AVERY, DANIEL	400 ATLANTIC AVENUE	BOSTON MA 02110
<del>EXP</del>	<del>BLUMBERG, MICHAEL</del>	<del>301 E. LAS OLAS BLVD., STE A 300</del>	<del>FT. LAUDERDALE FL 33301</del>
<del>EXP</del>	<del>O'NEIL, CHRISTOPHER</del>	<del>301 E. LAS OLAS BLVD., STE A 300</del>	<del>FT. LAUDERDALE FL 33301</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/13/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/03

781-830-3114

CR2E040 (8/02)