

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Katherine H. ...  
Secretary of State  
DIVISION OF CORPORATIONS

146

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 563304

1. Corporation Name

AUDIOSONIC INC.

Principal Place of Business

Mailing Address

4777 N.W. 72ND AVE.  
MIAMI FL 33166

4777 N.W. 72ND AVE.  
MIAMI FL 33166

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

03/21/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1817535

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
V	LAFARGA, ROBERTO	14908 S.W. 193RD PLACE	MIAMI, FL 00000
P	DE LAOSA RAMON	13753 S W CIRCLE LANE #3	MIAMI FL 33186
T	DE LAOSA, ALICIA	13753 S W 147TH CIRCLE LANE #3	MIAMI FL 33186
SCT	DE LAOSA, JOSE LUIS	5049 SW 4TH ST	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAOSA, RAMON DE  
13753 SW CIRCLE LANE #3  
(147 C.L.)  
MIAMI FL 33186

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/16/2000

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

RAMON DE LAOSA, PRESIDENT 10-16-2000 (305-599-5227)

Date

Daytime Phone #

KE

20f2

OCTOBER 16, 2000

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

RE: AUDIOSONIC, INC.  
DOC. # 563304

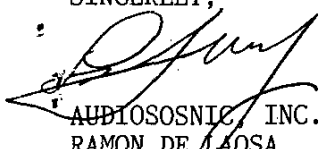
DEAR SIRs:

I RECEIVED THE APPLICATION FOR REINSTATEMENT FOR MY CORPORATION,  
I CALLED THE DEPARTMENT OF STATE AND I TALKED TO AN OFFICER EXPLAINING  
THAT I DID NOT RECEIVE THE UBR 1ST NOTICE OR THE 2ND NOTICE, THE  
OFFICER TOLD ME TO WRITE A LETTER TO LET THEM KNOW WAS THE PROBLEM.

AS PER THE OFFICER INSTRUCTIONS, I AM SENDING THE CHECK FOR THE  
AMOUNT OF \$150.00 AND THE SIGNED APPLICATION FOR REINSTATEMENT.

I APPRECIATE YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,



AUDIOSONIC, INC.  
RAMON DE LAOSA  
4777 N.W. 72ND AVE.  
MIAMI, FL. 33166

ENC.