

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

714 LYNDON LANE SUITE 11  
LOUISVILLE KY 40222

Mailing Address

714 LYNDON LANE SUITE 11  
LOUISVILLE KY 40222

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1998

5. FEI Number

31-1523787

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Add to and 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	TURNER, SUZANNE	714 LYNDON LANE SUITE 11	LOUISVILLE KY 40222
CEO	TURNER, 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. Turner 10-15-99 502-425-6229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #