

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L01000018333

Name and Mailing Address

0001890 01 AT 0.292 **AUTO H9 1 0615 32256-954261



SOUND PERFECTION LLC
8661 SOUTHERN GLEN DR.
JACKSONVILLE FL 32256-9542

100025264981
12/08/03--01003--010 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/22/2001	
Principal Place of Business 8661 SOUTHERN GLEN DR. JACKSONVILLE FL 32256	3. New Principal Place of Business Address	6. FEI Number 59-3753806	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
ROWLAND, JOHN 8661 SOUTHERN GLEN DR. JACKSONVILLE FL 32256	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent John Rowland **SIGNATURE REQUIRED** Date 12/1/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	ROWLAND, JOHN	8661 SOUTHERN GLEN DR	JACKSONVILLE FL 32256

REINSTATEMENT 03-cw
dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager John Rowland **SIGNATURE REQUIRED** Date 12/1/03 Daytime Phone # 904 707-7255

Typed or printed name of signing Managing Member/Manager