

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97353**

1. Corporation Name

Audio Advice of Northwest Florida, Inc.

2. Principal Office Address

2180 Creighton Rd.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504

Country

US

3. Mailing Office Address

PO Box 10688

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32524

Country

US

REINSTATEMENT *03*

000024819540

11/19/03--01012--030 **758.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/10/90

5. FEI Number

59 302 7469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Dempsey C. Hawkes

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

2531 Southern Oaks Dr.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32533

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dempsey C. Hawkes

REGISTERED AGENT MUST SIGN

Date

11/10/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres.</i>	<i>Dempsey C. Hawkes</i>	<i>2531 Southern Oaks Dr.</i>	<i>Pensacola, FL, 32583</i>

10. 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:

Dempsey C. Hawkes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2003 (850) 477-6821

Date

Daytime Phone #

CR2ED81 (10/02)

Audio Advice of Northwest Florida

PO Box 10688
Pensacola, Florida 32524
850-477-6821

November 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

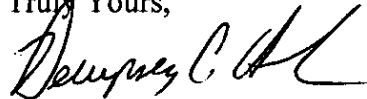
Re: Reinstatement Application

I have not received the Uniform Business Report Notice for the years 1999 through present. This may be due to a change of address. Please waive the corporate reinstatement fee.

I have included a check in the amount of \$750 (\$150 for each year through present).

Thank You for your help in this matter. Please update the mailing address.

Truly Yours,



Dempsey C. Hawks