

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M41333****FILED**

00 JAN -6 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name

OUTH SOUND, INC.

Principal Place of Business

Mailing Address

C/O H. JAY HARGEST

801 SO. FEDERAL HWY #821

DANIA FL 33004

US

C/O H. JAY HARGEST

801 SO. FEDERAL HWY #821

DANIA FL 33004

US

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

New Principal Office Address, If Applicable

1810 SW 23 TERR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1810 SW 23 TERR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida**11/07/1986**

5. FEI Number

59-2747454

Applied For

Not Applicable

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD6. CERTIFICATE OF STATUS DESIRED **L**

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HARGEST, H. JAY	801 SO. FEDERAL HWY #821 1810 SW 23 TERR	DANIA FL FT LAUDERDALE FL 33312

100003095441-5
-01/12/00--01009--011
****750.00 ****750.00**REINSTATEMENT 99 TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARGEST, H. JAY**801 SO. FEDERAL HWY #821****DANIA FL 33004**

Name

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

1810 SW 23 TERR

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

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 SIGNDate **12-27-1999**

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
HARRISON J. HARGEST**12-27-1999 954-583-5509**

Date

Daytime Phone #