

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB 14 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N01000008881*

**1. Corporation Name**

*Site N Sound, Inc.*

**2. Principal Office Address**

*11681 54th St No*  
Suite, Apt. #, etc.

**City & State**

*Royal Palm Bch FL*

Zip  
*33411*

**Country**

*Palm Bch*

**3. Mailing Office Address**

*11681 54th St No*  
Suite, Apt. #, etc.

**City & State**

*Royal Palm Bch FL*

Zip  
*33411*

**Country**

*Palm Bch*

**REINSTATEMENT 12-05**  
*3/29/02 91390 002 70.00*

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

*Dec. 20, 2001*

**5. FEI Number**

*59-3760344*

**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**

*KAREN S. JOHNSON*

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

*11681 54th St. No*

**Suite, Apt. #, Etc.**

**City**

*Royal Palm Bch.*

**State**

*FL*

**Zip Code**

*33411*

**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**

*Karen S. Johnson*  
REGISTERED AGENT MUST SIGN

Date *2/10/05*

**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
P	KAREN S. JOHNSON	11681 54th St. NO	ROYAL Palm Bch FL 33411
V	John Alton Murphy	701 North Palm Way	Lake worth FL 33460
S/T	Michael E. Johnson	11681 54th St. NO	ROYAL Palm Bch FL 33411

200047045712  
02/22/05--01035--020 \*\*183.75

**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:**

*Karen S. Johnson*

*KAREN S. JOHNSON 2/10/05 561-791-9897*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

2/2

February 10, 2005

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Corporate Reinstatement Document N01000008881

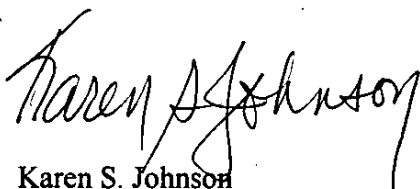
Ladies and Gentlemen:

Enclosed, please find a completed copy of the Florida Department of State Corporate Reinstatement application. Also enclosed is check number 346 in the amount of \$183.75, which covers the reinstatement fee and the additional fee required for a Certificate of Status.

We are requesting the late fees be waived. In 2002 we mailed in the notice with check number 4577 for \$70.00 and did not hear anything back. The check was cashed by the State.

Thank you and we look forward to receiving our certificate soon.

Sincerely,



Karen S. Johnson  
11681 54<sup>th</sup> St. N.  
Royal Palm Beach, FL 33411

Enc.