


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # N03000008905		
1. Entity Name DEMENSIONS OF SOUND INC		

FILED

04 NOV -5 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 213 N GRANNIS AVE TITUSVILLE, FL 32796	Mailing Address 213 N GRANNIS AVE TITUSVILLE, FL 32796
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



**REINSTATEMENT 2004**  
10202004 REIN-NP/6 (CR2E099 (6/04)

4. FEI Number 20-0305128	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  VENUTI, LOUIS 400 ORANGE AVE TITUSVILLE, FL 32796	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMINGTON, ROBERT E 213 N GRANNIS AVE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042526711 11/05/04--01059--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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Dimensions of Sound, Inc.  
213 N. Grannis Avenue  
Titusville, Florida 32796

October 20, 2004

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Attention: Ms. Glenda Hood

Dear Ms Hood,

It was never my intent to let my corporation go to dissolution. The first time I realized that was about to happen was when I received your notice. I never received any other correspondence from your office. I am asking for your help in accepting the normal fee of \$61.25 (enclosed check).

Thank you in advance for any consideration you may give me.

Sincerely,

Dimensions of Sound Inc.

  
Robert E. Remington