

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

DOCUMENT # P00000003850

1. Corporation Name

SOLAR CONTROL AND SOUNDS, INC.

Principal Place of Business

400 GARDEN STREET
TITUSVILLE FL 32796

Mailing Address

400 GARDEN STREET
TITUSVILLE FL 32796



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2000

5. FEI Number

59-3623721

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	LEWIS, ERIC	400 GARDEN STREET	TITUSVILLE FL 32796
V	LEWIS, CHRIS	400 GARDEN STREET	TITUSVILLE FL 32796
S	LEWIS, BARBARA	3855 LOST TREE CT	TITUSVILLE FL 32980

500009233305
11/27/02--01051--017 **150.00

8. Name and Address of Current Registered Agent

LEWIS, ERIC
400 GARDEN STREET
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2EQ40 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/21/02

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/02

12/5/02
aw

***Solar Control and Sounds, Inc
400 Garden Street
Titusville, Fl 32796***

November 21, 2002

Florida Department of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Taxpayer ID: 59-3623721
Application for Reinstatement

To Whom It May Concern:

I am in receipt of the application for reinstatement. I have enclosed the filing fees of \$61.25 and the supplement fee of \$88.75 and request that the reinstatement fee be waived. Although I am in receipt of the enclosed form for reinstatement I did not receive the original notice(s).

Please reinstate Solar Control and Sounds, Inc. and waive this one time oversight.

Thanking you in advance.

Sincerely,
Solar Control and Sounds, Inc.

A handwritten signature in black ink, appearing to read "E B Lewis", is written over a horizontal dashed line.

Eric B Lewis, President