

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005996

1. Corporation Name

AUDIO INSTALLATION AND SERVICES, INC.

Principal Place of Business

~~648 FLORIDA CENTRAL PRWT~~
~~LONGWOOD FL 32750~~

Mailing Address

~~648 FLORIDA CENTRAL PRWT~~
~~LONGWOOD FL 32750~~



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

REINSTATEMENT 2001

2. New Principal Office Address, If Applicable

8611 Catbriar Lane

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip 32829 Country U.S.

3. New Mailing Office Address, If Applicable

8611 Catbriar Ln

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip 32829 Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2000

5. FEI Number

59-3619281

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
Pres.	Kevin N. Danforth	8611 Catbriar Ln Orlando FL 32829	Orl, FL 32829
Secy.	Marc Danforth	1051 Spring garden st	Altamonte Springs FL 32701

8. Name and Address of Current Registered Agent

DANFORTH, KEVIN N
8611 CATBRIAR LANE
ORLANDO FL 32829

9. Name and Address of New Registered Agent, LS

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

CR2E040 (8/01)