

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -6 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008818924

11/06/02--01031--024 **750.00



REINSTATEMENT 02

DOCUMENT # P00000035134

1. Corporation Name

SOUTHERN SOUND & SECURITY, INC.

Principal Place of Business

12007 RADBOURNE STREET
WINTER GARDEN FL 34787

Mailing Address

12007 RADBOURNE STREET
WINTER GARDEN FL 34787

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

2. New Principal Office Address, If Applicable

4317 BRADLEY AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4317 BRADLEY AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2000

5. FEI Number

59-3636799

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
ORLANDO, FL

Zip Country
32839 USA

City & State
ORLANDO, FL

Zip Country
32839 USA

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
P	WATTERS, CHARLES M	12007 RADBOURNE ST.	WINTER GARDEN FL 34787
VP	WERTZ, MALCOLM S	5254 CHISWICK CIR.	ORLANDO FL 32809
P	WATTERS, CHARLES M	4317 BRADLEY AVE	ORLANDO, FL 32839

8. Name and Address of Current Registered Agent

KATZ, LAWRENCE H
341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name
WATTERS, CHARLES M.
Street Address (P.O. Box Number is Not Acceptable)
4317 BRADLEY AVE
Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32839

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 10/29/02

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

10/29/02

Date

407 438 7900

Daytime Phone #

CR2040 (9/02)