

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048758

1: Corporation Name

SOUND COMPONENT SPECIALISTS, INC.

Principal Place of Business

Mailing Address

350 NORTHWEST 39TH AVENUE
UNIT C
GAINESVILLE FL 32609

350 NORTHWEST 39TH AVENUE
UNIT C
GAINESVILLE FL 32609



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

350 NW 39th Ave B

Unit B

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Country

Zip

Country

32609

US

32609

US

5. FEI Number

11-3647147

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	MCDERMOTT, DENNIS R	350 NORTHWEST 39TH AVENUE	GAINESVILLE FL 32609

500023912045

10/17/03--01080--018 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDERMOTT, DENNIS
350 NW 39TH AVENUE
UNIT C
GAINESVILLE FL 32609

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

Date 10-16-03

REGISTERED AGENT MUST SIGN

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

10-16-03

Date

Daytime Phone #

CR2E040 (7/03)