

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 NOV 20 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **D00000067147**  
1. Corporation Name **Audio Recording Services**

2. Principal Office Address

**1255 Belle Ave**

Suite, Apt. #, etc.

**Suite 164**

City & State

**Winter Springs FL**

Zip **32708**

Country  
**US**

3. Mailing Office Address

**1255 Belle Ave.**

Suite, Apt. #, etc.

**Suite 164**

City & State

**Winter Springs FL**

Zip **32708**

Country  
**US**

**300009354593**  
12/04/02--01065--023 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/01/2000**

5. FEI Number

**59-367420-9**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

**Samuel E. Verrella**

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

**209 Bristol Cir.**

Suite, Apt. #, Etc.

City

**Sanford**

State  
**FL**

Zip Code  
**32773**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Samuel E. Verrella**

Date **11-19-02**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sam Verrella	209 Bristol Cir	Sanford FL 32773
V Pres	Tony Brown	1408 Gibbs St.	Melbourne FL 32901

10. 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)(l), 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:

**Tony Brown**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-19-02**

Daytime Phone #

**407-948-0117**

CP2E081 (9/01)

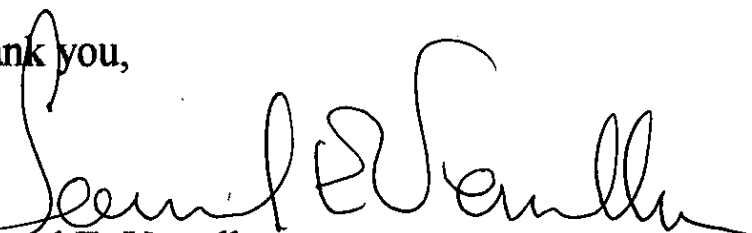
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Audio Recording Services  
1255 Belle Ave Suite 164  
Winter Springs Fl 32708

To whom it may concern,

We have not received our Uniform Business Report for 2002.  
As a result our corporation has been dissolved. We are currently  
refiling for Corporate Reinstatement.

Thank you,

 11-19-02  
Samuel E. Verrella  
President,  
Audio Recording Services