

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 AM 9:53

DOCUMENT # **P00000100996**

1. Corporation Name

**AURAL STIMULATION PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

2713 S W 11TH PL  
CAPE CORAL FL 33914

2713 S W 11TH PL  
CAPE CORAL FL 33914

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

10/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1044819

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	ROONEY, ART	2713 S W 11TH PL	CAPE CORAL FL 33914
SD	ROONEY, THERESA	2713 S W 11TH PL	CAPE CORAL FL 33914
			4000004657964--1 -10/29/01-01095-007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROONEY, THERESA  
2713 S W 11TH PL  
CAPE CORAL FL 33914

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

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:

*Arthur J. Rooney* ARTHUR J. ROONEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01  
Date

941-458-0832  
Daytime Phone #

CR2E040 (8/01)



Aural Stimulation Productions Inc.  
2713 SW 11<sup>th</sup> Place  
Cape Coral Florida  
33914  
941-772-3436

## Aural Stimulation Productions Inc.

October 16, 2001

Katherine Harris  
Secretary of State  
Division of Corporations

Dear Ms Harris:

We are a small S-Corp at home business that has only been in business for one year. We did not know of or have been contacted or told about the filing once per year. If we had known this I assure you we would have filed the proper forms. As a small struggling business we cannot afford to pay the late fees listed on the document and as I listened to the phone message on the 850 245 6059 number that this fine would be waived with a letter of explanation that we did not receive notification, and we didn't. Enclosed is our check for \$150 original filing fee as per the instructions on the phone message. If there is a problem or discrepancy please have someone contact us at 941-772-3436 or e-mail [production@auralstimulation.com](mailto:production@auralstimulation.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Art Rooney". The signature is fluid and cursive, with a long horizontal stroke at the end.

Art Rooney  
[production@auralstimulation.com](mailto:production@auralstimulation.com)