

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 -4 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003348

1. Corporation Name

OPTIMUM SOUND, INC.

Principal Place of Business

2900 SW 86 WAY
DAVIE FL 33328

Mailing Address

2900 SW 86 WAY
DAVIE FL 33328

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2001

5. FEI Number

65-1067900

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/	NATHANIEL HERNANDEZ	2980 SW 86 WAY	DAVIE, FL 33328
V. PRES/	DANIEL HERNANDEZ	2980 SW 86 WAY	DAVIE, FL 33328

8. Name and Address of Current Registered Agent

HERNANDEZ, NATHANIEL
2900 SW 86 WAY
DAVIE FL 33328

9. Name and Address of New Registered Agent

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

Nathaniel Hernandez
REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

Nathaniel Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

954-370-1075

CR2E040 (8/02)

Optimum Sound, Inc.
2900 SW 86 Way
Davie, FL 33328

October 25, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

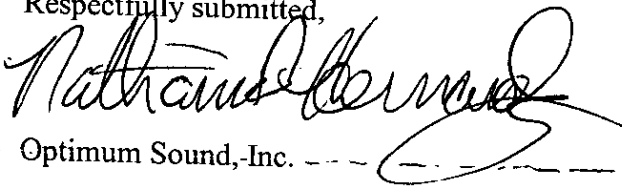
Re: **2002 Annual Uniform Business Report
Optimum Sound, Inc.**

Secretary of State:

Per the instructions of your office I am requesting the acceptance of our Application for Reinstatement for our corporation. I have enclosed the signed application along with the fee for filing the uniform business report of \$150.00.

Please accept this as full payment, as we were in middle of relocating and never received the applications until now. Also note the change of address on the application.

Respectfully submitted,


Optimum Sound, Inc.