

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 NOV -3 AM 10:22

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

2900 S.W 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

REINSTATEMENT

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
PT	HERNANDEZ, NATHANIEL	<del>2980 SW 86 WAY</del> 2900 SW 86 way	DAVIE FL 33328
VS	HERNANDEZ, DANIEL	<del>2980 SW 86 WAY</del> 2900 SW 86 way	DAVIE FL 33328
			500024384505 11/03/03--01081--019 **150.00

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*

Date

10-30-03

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

10-30-03 054320  
1055

Daytime Phone #

CR2E040 (7/03)

# OPTIMUM SOUND

CUSTOM AUDIO & VIDEO  
DESIGNS & INSTALLATIONS

2900 SW 86TH WAY DAVIE, FL. 33328  
(954) 370-1075

October 29, 2003

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

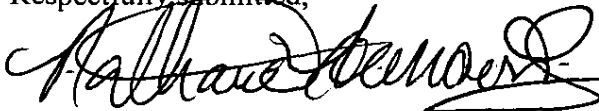
Re: **2003 Annual Uniform Business Report**  
**Optimum Sound, Inc.**

Secretary of State:

The address was changed for the place of business but was not changed for the mailing address or the officers' street address. Please accept the enclosed signed application along with the fee for filing the uniform business report of \$150.00.

Please accept this as full payment, as we did not receive the original applications for renewal. Also note the change of address on the application.

Respectfully submitted,



Optimum Sound, Inc.