

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000054697*

1. Corporation Name

ETC - AUDIO CONCEPTS

2. Principal Office Address

2501 WESTGATE AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33409

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-22-01

5. FEI Number

65-1106236

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA CRYAN

600023751806

*10/13/03-01072-023 **750.00*

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

same as above

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Patricia Cryan

REGISTERED AGENT MUST SIGN

Date

10-09-03

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
<i>Pres</i>	<i>ERIC T CRYAN</i>	<i>2501 WESTGATE AVE</i>	
		<i>WEST PALM BEACH FL</i>	<i>33409</i>

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)(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:

Eric T Cryan

Eric T Cryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003

Date

(561) 683-8713

Daytime Phone #

CR2E081 (10/02)

7/10/14