

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000084800

Corporation Name

P & B SOUNDS, INC.

FILED

02 DEC 31 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~558414 ARBOR CLUB WAY~~

~~BOCA RATON FL 33433~~

~~4785 NE 11TH AVE~~

~~OAKLAND PARK, FL 33334~~

Mailing Address

~~558414 ARBOR CLUB WAY~~

~~BOCA RATON FL 33433~~

~~4785 NE 11TH AVE~~

~~OAKLAND PARK, FL 33334~~

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

2. New Principal Office Address, If Applicable

~~4785 NE 11TH AVE.~~

Suite, Apt. #, etc.

~~OFFICE~~

City & State

~~OAKLAND PARK, FL~~

Zip

~~33334~~

Country

~~U.S.~~

3. New Mailing Office Address, If Applicable

~~4785 NE 11TH AVE~~

Suite, Apt. #, etc.

~~OFFICE~~

City & State

~~OAKLAND PARK, FL~~

Zip

~~33334~~

Country

~~U.S.~~

REINSTATEMENT 2002

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2001

5. FEI Number

~~65-1133344~~

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	RATSEK, CHRISTIAN C	<del>558414 ARBOR CLUB WAY</del> 944 S.W. 1ST ST.	<del>BOCA RATON FL 33433</del> BOCA RATON, FL 33486
SVD	BABCOCK, WESLEY AN B	558414 ARBOR CLUB WAY	BOCA RATON FL 33433

700009863267  
01/06/03--01040--005 \*\*750.00

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~

~~1840 SW 22ND ST.~~

~~4TH FLOOR~~

~~MIAMI FL 33146~~

9. Name and Address of New Registered Agent

Name

~~CHRISTIAN RATSEK~~

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

~~944 SW 1ST ST.~~

Suite, Apt. #, Etc.

City

~~BOCA RATON~~

State

~~FL~~

Zip Code

~~33486~~

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

~~CHRISTIAN RATSEK~~  
REGISTERED AGENT MUST SIGN

Date

~~11/15/02~~

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:

~~CHRISTIAN RATSEK~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

~~11/15/02~~ 954) 448  
6459

Daytime Phone #