

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000084860

Entity Name: SOUND VIBRATIONS, INC.

FILED  
Nov 02, 2004  
Secretary of State

**Current Principal Place of Business:**

14105 SE 179TH AVE  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

14105 SE 179TH AVE  
HAWTHORNE, FL 32640

**New Mailing Address:**

FEI Number: 59-3728890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMERON, RANDOLPH  
14105 SE 179TH AVE  
HAWTHORNE, FL 32640 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: CAMERON, RANDOLPH PRES  
Address: 14105 SE 179TH AVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: MRS ( ) Delete  
Name: CAMERON, CONNIE VICE PR  
Address: 14105 SE 179TH AVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: MR ( ) Delete  
Name: CHRISTIE, JAMES P TRES  
Address: 12650 NW US HWY 19  
City-St-Zip: CHIEFLAND, FL 32626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. CHRISTIE

TRES

11/02/2004

Electronic Signature of Signing Officer or Director

Date