

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 OCT 28 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000085468**

1. Corporation Name

SOUND XCETERA, INC.

Principal Place of Business

Mailing Address

12103 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

12103 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable
12213 Royal Palm Blvd

3. New Mailing Office Address, If Applicable
12213 Royal Palm Blvd

Suite, Apt. #, etc.
Coral Springs, FL

Suite, Apt. #, etc.
Coral Springs, FL

City & State

City & State

Zip
33065

Country
United States

Zip
33065

Country
United States

REINSTATEMENT

Is the corporation or qualified
To Do Business in Florida

08/29/2001

5. FEI Number

65-1133174

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
P	MANLEY, JAMES P	12103 ROYAL PALM BLVD.	CORAL SPRINGS FL 33065
P	Manley, James P	12213 Royal Palm Blvd.	Coral Springs, FL 33065

900024198119

10/29/03 01032 005 **158.75

8. Name and Address of Current Registered Agent

MANLEY, JAMES P
12103 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Manley, James P.

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

12213 Royal Palm Blvd

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James P. Manley

Date

10/30/03

Daytime Phone #

964-696-6537

CR2E040 (7/03)

Sound Xcetera

Wednesday, October 15, 2003

Dear-Sir or Madam,

I am requesting a waiver of the reinstatement fee of \$600.00 due to the fact that I did not receive a UBR report to file this year.

I moved my company address in November of 2002 at which time I sent a change of address, probably via e-mail, to your offices. Unfortunately, I have now learned this is not the proper procedure and after speaking with Maria @ 850-245-6052 found that the UBR report mailed to my previous address was returned to your office. She tells me that I must have only received this notice since I did send an e-mail and gave me the 850-245-6059 number to call. According to the pre-recorded message, I should be able to receive this waiver under these circumstances.

Please advise if there is anything else needed to have the change of address take effect or for this request for a waiver accepted.

Thank you for your time,



James Manley,
President Sound Xcetera, Inc.
954-695-6537 (cell)

12213 Royal Palm Blvd Coral Springs, FL 33065 954-575-9994(Office/Fax)