

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 PM 5: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108132

1. Corporation Name

AUDIO STORAGE TECHNOLOGIES, INC.

Principal Place of Business

1350 NE 56TH ST. SUITE 100  
FT LAUDERDALE FL 33334

Mailing Address

1350 NE 56TH ST. SUITE 100  
FT LAUDERDALE 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

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

11/09/2001

5. FEI Number

65-1156533

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
D	CLARK, FRED L	1350 NE 56TH ST, SUITE 100	FT LAUDERDALE FL 33334

700008637647  
10/28/02--01125--018 \*\*150.00

8. Name and Address of Current Registered Agent

GREENE, MICHAEL E  
9900 W SAMPLE RD, SUITE 324  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

FRED L. CLARK

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

1350 NE 56TH ST, SUITE 100

Suite, Apt. #, Etc.

SUITE 100

City

FT. LAUDERDALE

State

FL

Zip Code

33334

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

OCT 24, 2002

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

Date

Daytime Phone #

10-24-02 954/229-5050

CR2E040 (8/02)



Audio Storage Technologies  
"Custom Audio Solutions"

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October 24, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is the Application for Reinstatement for Audio Storage Technologies along with the filing fee. I am unaware of ever receiving the prior UBR filing notices. We did not receive them.

Sincerely,

Fred Clark  
President  
Audio Storage Technologies