

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 10 PM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000049059

**1. Corporation Name**

CD SOUNDS INC.  
2913 S. ST R N<sup>o</sup> 7

**2. Principal Office Address**

2913 S. ST. R N<sup>o</sup> 7

Suite, Apt. #, etc.

City & State

HOLLYWOOD

Zip

33023

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

FL

Zip

Country

**REINSTATEMENT**

10-9-03 01067 001 \$150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/29/2002

**5. FEI Number**

☒ Applied For  
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ERLINDA BASAURI

300033050153  
04/19/04--01017--006 \*\*150.00

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

2913 S. STATE ROAD N<sup>o</sup> 7 10/09/03 01067 001 \$150.00

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

**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

SAHE Basauri

Date

REGISTERED AGENT MUST SIGN

**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
P	ERLINDA BASAURI	2913 S. ST. R <sup>o</sup> N <sup>o</sup> 7	HOLLYWOOD FL 33023

**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:**

Basauri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/04

Date

954-963-7148

Daytime Phone #

CR2E081 (10/02)

20f2

CD Sounds Inc  
2913 S State Rd 7  
Hollywood, FL 33023

Department of State  
Division of Corporation  
PO BOX 6327  
Tallahassee, FL 32314

REF: P02000049059

This letter is in regards to the letter that was sent on April 20, 2004, regarding reinstatement of the company named above. We apologize in advance for the delay in the response, but the owner of the company dose not speck or write English very well and it takes time for her to find someone to help her with any correspondence that needs to be done.

Nevertheless, the main reason that the officer of the company did not sign nor sent the original report was because their were family matters that needed the up most attention and the original paper work was not sent to the business because the business was new

We respect request that the additional fees that are being requesting be waved and this matter be resolved.

Thank you,



Erlinda Basauri  
Business Owner