

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000113259

1. Corporation Name

SOUNDS GOOD INVESTMENTS INC.

OCT 05 2005

2. Principal Office Address

520 Brickell Key Drive

Suite, Apt. #, etc.

0-305

City & State

Miami, Florida

Zip

33131

Country

3. Mailing Office Address

520 Brickell Key Drive

Suite, Apt. #, etc.

0-305

City & State

Miami, Florida

Zip

33131

Country

REINSTATEMENT 03-05

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

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Transglobal Corporate Administration, LLC

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

520 Brickell Key Drive

Suite, Apt. #, Etc.

0-305

City

Miami

100060714261

10/18/05--01041--003 **100.00

OCT 05 2005

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date

9/27/05

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 |
|--------|--------------------------------------|---|----------------------|
| D | Sirak M. Baloyan | 520 Brickell Key Drive Suite 0-305 | Miami, Florida 33131 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/05

CR20061 (01/05)