## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE " Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P02000120517	,
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1. Corporation Name

## AWESOME AUDIO HOME THEATRE, INC.

Principal Place of Business

Mailing Address

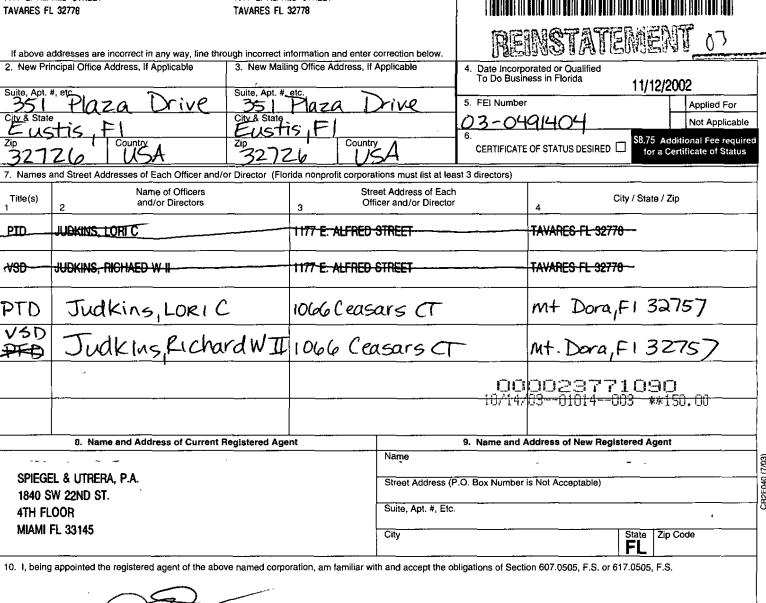
1177 E. ALFRED STREET

1177 E. ALFRED STREET

FILED

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SECRETARY OF STATE FALLAHASSEE. FLORIDA



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

Signature of Registered Agent

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath,

REGISTERED AGENT MUST SIGN

## AWESOME HOME THEATER

351 PLAZA DRIVE EUSTIS, FL, 32726 (352)589-7012

October 9, 2003

FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS

Dear Sir or Madam:

Enclosed is the completed application for reinstatement. This corporation is new and was unaware of this process and did not receive the uniform business reports any time this year. I am enclosing \$150 as directed under these circumstances for the fee for filing the report.

Sincerely,

Lori C. Judkins

President, Awesome Home Theater