

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 14 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120517

1. Corporation Name

AWESOME AUDIO HOME THEATRE, INC.

Principal Place of Business

1177 E. ALFRED STREET
TAVARES FL 32778

Mailing Address

1177 E. ALFRED STREET
TAVARES FL 32778

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.
351 Plaza Drive
City & State
Eustis, FL
Zip
32726
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
351 Plaza Drive
City & State
Eustis, FL
Zip
32726
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

03-0491404

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
PTD	JUDKINS, LORI C	1177 E. ALFRED STREET	TAVARES FL 32778
VSD	JUDKINS, RICHARD W II	1177 E. ALFRED STREET	TAVARES FL 32778
PTD	Judkins, LORI C	1066 Ceasars CT	mt Dora, FL 32757
VSD	Judkins, Richard W II	1066 Ceasars CT	mt. Dora, FL 32757

000028771090
10/14/03 01014-003 ***150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

10/9/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 (352)589-7012

Daytime Phone #

CR2E040 (7/03)

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,

A handwritten signature in black ink, appearing to be "Lori C. Judkins", with a long horizontal line extending to the right.

Lori C. Judkins
President, Awesome Home Theater