

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT -6 PM 4: 09

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096745

1. Corporation Name

C.&V.AUDIO SOUND, INC.

2. Principal Office Address

3291W SUNRISE BLVD

3. Mailing Office Address

361 E SHERIDAN ST

Suite, Apt. #, etc.

FW-13-2-6

Suite, Apt. #, etc.

207

City & State

FT LAUDERDALE

City & State

DANIA BEACH

Zip

33311

Country

USA

Zip

33004

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/02/2003

5. FEI Number

200186862

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

MERCEDES CRUZ

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

361 E SHERIDAN ST

Suite, Apt. #, Etc.

207

City

DANIA BEACH

State

FL

Zip Code

33004

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

Date 10/3/2006

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	MERCEDES CRUZ	361 E SHERIDAN ST	DANIA BEACH FL 33004
VP	MIGUEL GARZON	361 E SHERIDAN ST	DANIA BEACH FL 33004
		10/10/09	

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 contained in Chapter 119, 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

10/3/2006

Date

954-899-2859

Daytime Phone #