

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ADDED
AND
FILED

06 JAN -9 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000127521

1. Corporation Name

A to Z Security & Sound, Inc.

2. Principal Office Address

124-A MARY ESTHER BLVD.

Suite, Apt. #, etc.

City & State

MARY ESTHER, FL

Zip 32569

Country USA

3. Mailing Office Address

124-A MARY ESTHER BLVD.

Suite, Apt. #, etc.

City & State

MARY ESTHER, FL

Zip 32569

Country USA

REINSTATEMENT

04-00

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2003

5. FEI Number

20-0843507

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

JOE ZUPPA

300064582093

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

124-A MARY ESTHER BLVD.

01/26/05 01057-004 **1050.75

Suite, Apt. #, Etc.

City

MARY ESTHER

State FL

Zip Code

32569

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

Joe Zuppa

REGISTERED AGENT MUST SIGN

Date 12/30/05

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
PS	JOE ZUPPA	124-A MARY ESTHER BLVD.	MARY ESTHER, FL 32569
VT	BRIAN STONE	124-A MARY ESTHER BLVD.	MARY ESTHER, FL 32569

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:

Joe Zuppa JOE ZUPPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/05 850 259 4835

Date

Daytime Phone #

K. Ecker JAN 7 11 2006