

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 13 PM 1:00

DOCUMENT # P04000171618

1. Corporation Name

UNBREAKABLE SOUND, INC.

2. Principal Office Address

2529 S FEDERAL HWY

3. Mailing Office Address

2529 S FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

City & State

FORT PIERCE FL

Zip  
34982

Country  
USA

Zip  
34982

Country  
USA

400066213344  
02/20/06--01073--002 \*\*300.00

**REINSTATEMENT**  
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-2057891

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

TAXPLACE CORP

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

Suite, Apt. #, etc.

2721 S. US 1 Suite 9

City

FORT PIERCE

State

FL

Zip Code

34982

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 01/25/2006

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	SAID, GALAL	655 SW LITTLE TALPOT CT	PORT ST LUCIE FL 34986 US
VP	IBRAHIM, HUSAM	2705 NW HATCHES HARBOR RD #208	PORT ST LUCIE FL 34983 US

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2006

Date

772.464.8636

Daytime Phone #

213

Fort Pierce, FL February 7, 2006

**Florida Department of State**  
**Division of Corporations**  
P.O. Box 6327  
Tallahassee, FL 32314

I'm writing this letter to this honorable department because I did not receive the Annual Business Report 2005.

Was not my intention to be default with the State of Florida, which I honor and respect. I'm on the disaster president declared area, which last year we're strike by four hurricanes and I still trying to recovery from it. However I come before this department asking please to waive the \$ 400, 00 penalty.

See attached check number 1415, amount of \$300.00 to pay the cost of 2005 and 2005 Annual Report.

Thank you for your consideration and concern regarding this matter and if you have any question do not hesitate to contact me.

Sincerely yours,

  
Galal Said  
President