

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 NOV 13 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (12/05)

DOCUMENT # P05000120479

1. Corporation Name

SOUND INVESTMENTS BY JW INC

2. Principal Office Address

112 FEDERAL HWY

Suite, Apt. #, etc.

9

City & State

BOYNTON BEACH FL.

Zip

33435

Country

USA

3. Mailing Office Address

9304 WATER COURSE WAY

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL.

Zip

33437

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

AUG 30, 2005

5. FEI Number

20-3385426

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

JOHN PORTER ACCOUNTING

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

400 So. FEDERAL HWY

Suite, Apt. #, Etc.

404

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

*[Signature]*

Date

10/12/06

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                            |
|--------|-----------------------------------|--|---|
| PRES   | JAMES ARENA                       | 9304 WATER COURSE WAY                          | BOYNTON BEACH FL. 33437                       |
|        |                                   |  | 100080879581<br>10/16/06--01048--005 **150.00 |
|        |                                   |  | 100080879581<br>11/15/06--01052--001 **600.00 |

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:

JAMES ARENA

*[Signature]*

10-12-06

561-767-6890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*jc 11/14*