

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 PM 1:14

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

DOCUMENT # P06000151346

1. Corporation Name

FENNOON SOUND, INC.

REINSTATEMENT

400168248034

02/08/10--01067--008 **450.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

8921 N HWY 33

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

POLK CITY, FL

City & State

Zip

33868

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/07/2006

5. FEI Number

42-1718830

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

RIFAI, ABDEL

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

8921 N HWY 33

Suite, Apt. #, Etc

City

POLK CITY

State

FL

Zip Code

33868

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 2-4-10

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	RIFAI, ABDEL	8921 N HWY 33	POLK CITY, FL 33868

M. MILLIGAN
EXAMINER

FEB -9 2010

10. E-mail Address: fenoonsound@gmail.com

(To be used for future annual report notification)

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. I further certify, 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

2-4-10 833-411-3550

Date

Daytime Phone #