


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P07000059009</b> 1. Entity Name <b>CUSTOM SIGHTS &amp; SOUNDS II, INC.</b>			
Principal Place of Business <b>1811 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34974 US</b>		Mailing Address <b>PO BOX 1445 OKEECHOBEE, FL 34973 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1811 South Parrott Ave</b> Suite, Apt. #, etc.	
City & State <b>Okeechobee</b>		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <b>FL</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VONDERAU, DAVID E 2388 NE 103RD AVENUE OKEECHOBEE, FL 34972</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S VONDERAU, DAVID E 2388 NE 103RD AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T STAS, JOSEPH W 909 SW 3RD STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		<b>REINSTATEMENT 08-09</b> <b>800142295068</b> <b>01/28/09--01027--005 ***300.00</b> <b>1/19/08</b>	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED  
09 JAN 28 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01202009 REIN-P CR2E098 (1/07)