
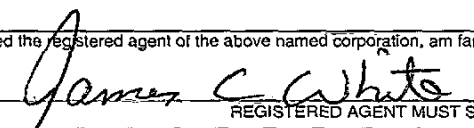
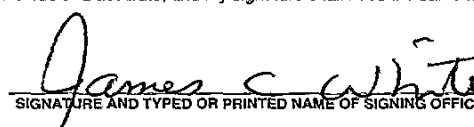


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JAN - 6 AM 8:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT #P92000007527					
1. Corporation Name WHITE S ACOUSTICS, INC.					
Principal Place of Business		Mailing Address			
8007 Ramona Blvd. Jacksonville FL. 32221		REINSTATEMENT 97-99			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 8007 Ramona Blvd. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 8007 Ramona Blvd. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1992	
City & State Jacksonville FL.		City & State Jacksonville FL.		5. FEI Number 59-3128464 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 32221	Country Duval	Zip 32221	Country duval	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
Pres.	James C. White	1140 Crystal Circle	Jacksonville ,Fl. 32221		
V.P.	Billy J. Cox	2457 Indego	Middle burg , FL.		
Ser.	Buford R. Hodges	Rt.24 Box 91A	Baldwin , FL.		
			0000002743030-5		
			-01/15/99-01009-013		
			***1050.00 ***1050.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
James C. White 1140 Crystal Circle Jacksonville Fl.32221			Name James C. White Street Address (P.O. Box Number is Not Acceptable) 1140 Crystal Circle Suite, Apt. #, Etc. City Jacksonville State FL Zip Code 32221		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent  REGISTERED AGENT MUST SIGN			Date 12-22-98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 under section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12-22-98 9047860890 Date Daytime Phone #		