

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

9902  
APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV -3 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015453

1. Corporation Name

SIGHTS AND SOUNDS UNLIMITED, INC.

Principal Place of Business

10915 N. INDIES DR  
JACKSONVILLE FL 32246  
US

Mailing Address

10915 N. INDIES DR  
JACKSONVILLE FL 32246  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/19/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3165770	
				Applied For	
				Not Applicable	
				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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CLARK, JOHN E	10915 N. INDIES DRIVE	JACKSONVILLE FL 32246
			500002340555--3 -11/06/97--01089--016 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

CLARK, JOHN E  
10915 N. INDIES DR  
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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
		10/31/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (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)(l), 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: 10/31/97 904 641 8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR040 (8/97)

TO: Florida Department of State  
Sandra B. Motham  
Secretary of State, DIV OF CORP

FM: Sights & Sounds Unlimited, INC.  
FEI # 59-3165770  
Document # P93000015453

SUBJ: Cooperation Annual Report 1997

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I am requesting a waiver for reinstatement of Corporation. I received (in the mail) on 10/27/97 (Monday) notice of Administrative Dissolution or Revocation this is the only ~~the~~ Cooperation Annual Report that I have received to date.

I've enclosed a CK for \$165.00 (xxx) & this request via phone call to your Department on 10/28/97 (Tuesday). If this request is not granted please contact me on how is owed, & if a payment plan can be arranged.

Respectfully,  
