PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~ 00-01088

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
01 APR -5 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035302

1. Corporation Name: Sound Blazers, Inc

Mailing Address	Principal Place of Business
10644 NW 6TH ST Coral Springs FL 33071	6510 West Commercial Blvd. Lauderhill FL 33319

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-13-1993

5. FEI Number: 65-0414707 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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	Abdulkarim Balkis	10644 NW 6TH St.	Coral Springs FL 33071

700004014037--1
-04/17/01--01099--008
****300.00 ****300.00

SP

8. Name and Address of Current Registered Agent

Abdulkarim Balkis
10644 NW 6 Street
Coral Springs, FL 33071

9. Name and Address of New Registered Agent

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

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 — Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability or non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: Abdulkarim Balkis 3/30/2001 954-592-8805

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

Sound Blazers,Inc.
10644 NW 6Th St
Coral Springs FL 33071

March, 30 2001

REINSTATEMENT SECTION
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Sound Blazers,Inc.

To Whom It May Concern:

Enclosed please find an Application For Reinstatement of the Corporation of Sound Blazers,Inc. We are requesting a waver of the late fees due to a change of address and not receiving the Corporation Annual Report.

Also enclosed please find a check for $ 300. as filing fee.

Please file the enclosed Application For Reinstatement with the Department of State. A Certified Copy is not necessary.

Thank you for your cooperation to this matter.

Sincerely,

Abdulkarim Balkis,
President