

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR</b>  <b>DOCUMENT #</b> <u>95-99</u> <b>1. Corporation Name</b> <u>Thunder Way Sound, Inc</u>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS <u>P94000086541</u>		<b>FILED</b> 99 JAN 22 PM 4:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>Principal Place of Business</b> <u>3100 N.W. 72 Ave #101</u> <u>Miami FLA. 33122</u> <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>		<b>Mailing Address</b> <u>3100 N.W. 72 Ave #101</u> <u>Miami FLA. 33122</u>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>1994</u>	
<b>2. New Principal Office Address, If Applicable</b> <u>3100 N.W. 72 Ave #101</u> <b>Suite, Apt. #, etc.</b> <u>#101</u> <b>City &amp; State</b> <u>Miami FLA.</u> <b>Zip</b> <u>33122</u> <b>Country</b> <u>U.S.</u>		<b>3. New Mailing Office Address, If Applicable</b> <u>SAME</u> <b>Suite, Apt. #, etc.</b> <u>-</u> <b>City &amp; State</b> <u>-</u> <b>Zip</b> <u>-</u> <b>Country</b> <u>-</u>		<b>5. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
PRES	Shoukie Wintrob	3100 N.W. 72 Ave	Miami FLA. 33122		
			<u>500002765515-3</u> <u>-02/05/99--01015--012</u> <u>****865.00 ****865.00</u>		
			<u>T.S. 1/25/99 (95-99)</u>		
<b>8. Name and Address of Current Registered Agent</b> <u>Shoukie Wintrob</u> <u>3100 N.W. 72 Ave</u> <u>Miami FLA 33122</u>		<b>9. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____			
<b>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.</b> Signature of Registered Agent <u>[Signature]</u> <u>PRES</u> <b>REGISTERED AGENT MUST SIGN</b> Date <u>1/22/99</u>					
<b>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>PRES</u> <small>SIGNATURE AND LISTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/22/99</u> <u>(305) 477-5400</u> <small>Date Daytime Phone #</small>			

CR2E081 (12/96)



SHOUKI WINTROB  
3100 N.W. 72nd Ave. Suite #101  
Miami, Florida 33122  
Tel: (305) 477-5400 • Fax: (305) 594-9595

ATT TYRONE SCOTT

To: Department OF FLORIDA State.  
I am the President OF Thunder  
way Sound, And I am informing  
you that I did not Received the  
1995 Application For Reinstatement  
And, I would like to have  
my Late Fees to be waived.

Thank you.

*[Signature]* PRDC