

750 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 PM 12:52

DOCUMENT # P95000013339

1. Corporation Name

AUTO SOUND OF MIAMI II INC.

Principal Place of Business

18200 N.W. 27TH ST., SUITE 52-201
CAROL CITY FL 33056

Mailing Address

18200 N.W. 27TH ST., SUITE 52-201
CAROL CITY FL 33056

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1995

5. FEI Number

65-0556410

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BAAJOUR, ALBERT	18200 N.W. 27TH ST., SUITE 52-20	CAROL CITY FL 33056

700004324087--1
-05/25/01--01097--005
****750.00 ****750.00

0507-00 90035 044 \$150.00

05/18

8. Name and Address of Current Registered Agent

BAAJOUR, ALBERT
18200 N.W. 27TH ST., SUITE 52-201
CAROL CITY FL 33056

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

REGISTERED AGENT MUST SIGN

Date

11. 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 corporation has been paid and the names of individuals listed on this application are true and accurate, and my signature shall have the same effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/00)