

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -3 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045677

1. Corporation Name

SOUNDWAVE PROMOTIONS, INC.

2. Principal Office Address

1140 NE 163rd Street

Suite, Apt. #, etc.

Suite 5

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

1140 NE 163rd Street

Suite, Apt. #, etc.

Suite 5

City & State

North Miami Beach, FL

Zip

33162

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 5/1/1996

5. FEI Number

65-0665211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500039868465  
08/04/04--01048--005 \*\*900.00

7. Name and Address of Current Registered Agent

Name

Science and Business Institute, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1140 NE 163rd Street

Suite, Apt. #, Etc.

Suite 5

City

North Miami Beach

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*VR Linley, P/S/T*

Date 8/2/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Beverley Lyn-Quee	1140 NE 163rd Street Suite 5	North Miami Beach Fl., 33162

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Beverley Lyn-Quee*

Date

08/02/04

Daytime Phone #

305-  
654-1168

CR2ED81 (01/04)