PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Glenda E. Hood FILED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 03 DEC 31 AM 8:58 DOCUMENT # P96000068192 1. Corporation Name SECRETARY OF STATE FALLAMASSEE. FLORIDA CRYSTAL SOUND, INC. Principal Place of Business Mailing Address 217 ALTAMONTE COMMERCE BLVD 217 ALTAMONTE COMMERCE BLVD 1206 1206 ALTAMONTE SPRINGS FL 32714-2549 ALTAMONTE SPRINGS FL 32714-2549 nstatement of 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 Date Incorporated or Qualified To Do Business in Florida 08/15/1996 5. FEI Number Applied For 59-3396246 Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) Officer and/or Director and/or Directors PS FORBES, J.R. 1575 PINE CT APOPKA PL 32703 Cas Box 9 - 50|0025091795 12/31/03--01040--026 **158, 75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FORBES, JR Street Address (P.O. Box Number is Not Acceptable) 217 ALTAMONTE COMMERCE BLVD #1206 Benen ALTAMONTE SPRINGS FL 32714

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. or 617.0505, F.S.

Signature of Registered Agent _ REGISTERED AGENT MUST SIGN

Date 12-26-03

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 filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-03

407-814-865

Daytime Phone

1112 Benan Ct. Apopka, Fl. 32712 407-814-8663 fax 407-814-1791

Department of State Division of Corporations 409 E Gaines St. Tallahassee, Fl. 32399

Reference: Document# P96000068192

Dear Sir,

Crystal Sound, Inc. which was previously located at : 217 Altamonte commerce Blvd Suite 1206 Altamonte Springs, Fl. 32714 was relocated to 1112 Benan Ct. Apopka, Fl. 32712 in May of this year.

The address listed for our registered agent was also changed in may of this year. We never received the UBR notices from your office regarding the revocation of our corporate status. (More than likely there was some confusion with the postal service. It took us several weeks to receive mail that usually took only days, and we had many items that we never received.)

We are requesting that the reinstatement fee be reduced due to our circumstances. Enclosed is a check for \$158.75 to cover the reinstatement fee as well as a copy of our certificate of status.

Thank you for your attention to this matter

Joseph Robert Forbes President Crystal Sound, Inc.

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