

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV -4 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000005755**

1. Corporation Name

**ROLLIN SOUND OF ORANGE PARK, INC.**

Principal Place of Business

Mailing Address

7727 BLANDING BLVD.  
JACKSONVILLE FL 32244

7727 BLANDING BLVD.  
JACKSONVILLE FL 32244

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



5/7/99 9007104 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1997

5. FEI Number

59-3418591

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
D	ROMINE, RITA	7727 BLANDING BLVD.	JACKSONVILLE FL 32244

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMINE, RITA  
7727 BLANDING BLVD  
JACKSONVILLE FL 32244

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

*Rita Romine*  
REGISTERED AGENT MUST SIGN

Date 10-10-99

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 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.

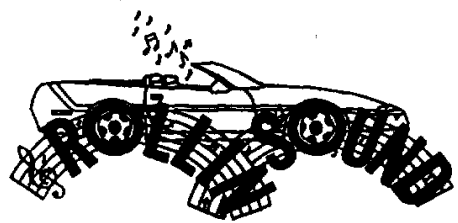
SIGNATURE:

*Rita Romine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10 99 9047728301  
Date Daytime Phone #

KE

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NORTHSIDE:  
7279 LEM TURNER RD.  
904-765-5500

REGENCY:  
9019 ATLANTIC BLVD.  
904-721-1145

ORANGE PARK:  
7727 BLANDING BLVD.  
904-772-8301

SOUTHSIDE:  
8700 BEACH BLVD.  
904-842-7655

Of Jax, Fl.  
QUALITY AUTO STEREO & C. B.  
Bookkeeping / Warehouse

1429 CASSAT AVENUE • JACKSONVILLE, FLORIDA 32205 • 904-388-9158

Oct. 28, 1999

Division of Corporation  
PO Bx 6327  
Tallahassee, Fl 32314

Ref: Rollin Sound Of Orange Park, Inc  
7727 Blanding Blvd  
Jacksonville, Fl 32244  
Fein Number-59-3418591

To whom it may concern:

Per our conversation this A.M., this letter is requesting an ONE TIME waiver of reinstatement fee for the above corporation. According to your office, monies was received on May 01, 1999 and rejected on May 12, 1999 due to missing signature. I request this waiver due to never receiving notice of cancellation.

I am thanking you in advance for your help in resolving this matter.

If there are any questions, please give me a call at 904-772-8301.

Regards,

Rite Romine, President