

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

00 MAR -8 PM 2:40

**DOCUMENT # P97000040587**

1. Corporation Name

**AUDIO BUYERS' & SELLERS' MART, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5070 N OCEAN DR  
SUITE 18-A  
SINGER ISLAND FL 33404  
US

Mailing Address

P.O. BOX 33636  
PALM BEACH GARDENS FL 33420  
US

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

05/07/1997

5. FEI Number

65-0751705

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, RALPH B	4060 NW 83RD LANE	CORAL SPRINGS FL 33065
D	BROWN, BRETT C	<del>15 COMMANDER'S DRIVE</del>	PALM BEACH GARDENS FL 33418
		2320 Treasure Isle Dr unit #72	Palm Beach Gardens, FL - 33410
			200003171952-7
			-03/16/00--01012--026
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

BROWN, RALPH B  
4060 NW 83RD LANE  
CORAL SPRINGS FL 33065

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

**SIGNATURE REQUIRED**

Date 2-29-00

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brett C Brown

2-29-00 561-862-4495  
Date Daytime Phone #

CR2E040 (8/99)

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**The Audio Buyer's & Seller's Mart**

PO Box 33626  
Palm Beach Gardens, Fla. 33420

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March 6, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Application for Reinstatement P97000040587

Gentlemen,

I am enclosing my application for reinstatement along with my check for \$300.00.

I telephoned your office on this date and was informed that the original annual report filing that was sent to me was returned by the post office due to incomplete address. I was also told that the reinstatement fee would be \$300.00.

Thanking you in advance for your prompt assistance in this matter.

Very Truly Yours,

Ralph B Brown