

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 DEC -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099348

1. Corporation Name

CLYMAX AUDIO WORKS, SOUND AND LIGHT, INC.

Principal Place of Business

3155 N.W. 39TH PLACE
LAUDERDALE LAKES FL 33309

Mailing Address

3155 N.W. 39TH PLACE
LAUDERDALE LAKES FL 33309

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

2. New Principal Office Address, If Applicable

Oneal West
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3155 NW 39 PL.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1997

5. FEI Number

65-0796338

Applied For

Not Applicable

City & State

City & State

LAUDERDALE LAKES
FL

Zip

Country

Zip

Country

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	WEST, O'NEAL West, Oneal	3155 N.W. 39TH PLACE	LAUDERDALE LAKES FL 33309
1	RICK, MICHAEL	2000 N.W. 39TH TERRACE	LAUDERDALE FL 33309

200003070612-9
-12/15/99-01024-003
***150.00 ***150.00

ITS

8. Name and Address of Current Registered Agent

WEST, O'NEAL
3155 N.W. 39TH PLACE
LAUDERDALE LAKES FL 33309

9. Name and Address of New Registered Agent

Name

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

3155 NW 39 PLACE
Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33309

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

Oneal West
REGISTERED AGENT MUST SIGN

Date 10/31/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oneal West Oneal West
Date 10/31/99

Clymax Audio Works, Sound & Light, Inc.
3155 NW 39 Place
Lauderdale Lakes, FL 33309

November 30, 1999

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Division of Corporation
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to certify that I, Oneal West, did not receive my annual reports for the year 1999, I spoke to a representative and was told to send \$150.00 to reinstate my corporation. I appreciate you kind co operation regarding this matter.

Sincerely yours,


Oneal West
President