

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 MAY -2 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009328

1. Corporation Name

G.T. AUDIO AMERICA INC.

Principal Place of Business

Mailing Address

5650 STIRLING ROAD  
HOLLYWOOD FL 330215650 STIRLING ROAD  
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable  
4826 SHERIDAN STREET3. New Mailing Office Address, If Applicable  
4826 SHERIDAN STREETSuite, Apt. #, etc.  
HOLLYWOOD FL 33021Suite, Apt. #, etc.  
HOLLYWOOD FL 33021

City &amp; State

City &amp; State

Zip

Country

BROWARD

Zip

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1998

5. FEI Number

65-0807236

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
DPT	ELI BONGOZI	4826 SHERIDAN STREET	HOLLYWOOD FL 33162

000003264280-3  
-05/23/00-01/21-006

\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

KARP, ALVIN I  
965 NE 171 STREET  
NORTH MIAMI FL 33162

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

*Alvin I Karp*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date 04/26/2000

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:

*Elis Bongozi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELI BONGOZI DPT

04/26/2000 954-494-2000

Date

Daytime Phone #