

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

99 OCT 19 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000031744**

1. Corporation Name

**SOUND & VISION SERVICES, INC.**

Principal Place of Business

757 HIGHWAY 98 EAST #14-278  
DESTIN FL 32541

Mailing Address

757 HIGHWAY 98 EAST #14-278  
DESTIN FL 32541

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3497641

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President	Ronald J. Howard	43 Pine Ridge Trace	Destin, FL 32541
Vice President	Lee F. Howard	2423 Valley Road	Navarre, FL 32566
Vice President	Debra A. Pruess	43 Pine Ridge Trace	Destin, FL 32541

000003027130--0  
-10/27/99--01106--007  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWARD, RONALD J  
43 PINE RIDGE TRACE  
DESTIN FL 32541

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

Ronald J. Howard  
REGISTERED AGENT MUST SIGN

Date Oct. 12, 1999

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

Oct. 12, 1999 850-654-3001

Date

Daytime Phone #

CR25040 (8/99)