

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -7 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000037947**

1. Corporation Name

GET DOWN AUTO SOUNDS & BEEPERS, INC.

Principal Place of Business

183-B N.W. 54TH STREET
MIAMI FL 33127

Mailing Address

183-B N.W. 54TH STREET
MIAMI FL 33127

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

04/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0847914

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PDOS	MILHOMME, NELSON	183 NW 54TH ST.	MIAMI FL 33127

100004733051--8
12/19/01-01056-000
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MILHOMME, NELSON
183 NW 54TH ST.
MIAMI FL 33127

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-01

305-758-4084

CR2640 (8/01)

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT WE CALLED YOUR DEPARTMENT AND WERE TOLD TO WRITE A LETTER EXPLAINING OUR SITUATION.

WE HAD A FIRE WHICH BURNED OUR FACILITY DOWN IN JANUARY 2001.

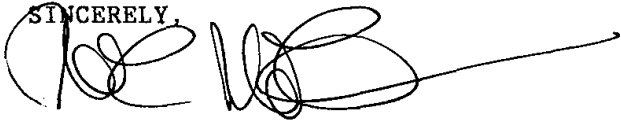
NEEDLESS TO SAY, WE HAD A LOT OF PAPERS WHICH BURNED UP.

WE NEVER RECEIVED THE INITIAL UBR REPORT AND WERE ADVISED TO WRITE A LETTER OF EXPLANATION AND SEND IN \$150.00.

PLEASE ACCEPT OUR PAYMENT.

THANK YOU.

SINCERELY,

A handwritten signature in black ink, appearing to be 'Nelson Milhomme', with a long horizontal line extending to the right.

NELSON MILHOMME, PRESIDENT

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