

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001104

1. Corporation Name

C D REPLAY, INC.

Principal Place of Business

246B EGLIN PARKWAY
FORT WALTON BEACH FL 32578

Mailing Address

1140 TROON DR. WEST
NICEVILLE FL 32578



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

722 E Benl Pkwy
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1999

5. FEI Number

59-3551090

Applied For

Not Applicable

City & State
Ft. Walton Beach, FL

City & State

Zip
32547

Country
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOOKE, CAROL	1140 TROON DR. WEST	NICEVILLE FL 32578
D	HOOKE, NEIL	1140 TROON DR. WEST	NICEVILLE FL 32578
D	CATANESE, CATHY	10 SOUTHWIND CT.	NICEVILLE FL 32578

8. Name and Address of Current Registered Agent

HOOKE, NEIL
1140 TROON DR. WEST
NICEVILLE FL 32578

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

850-217-1343

CR2E040 (7/03)

CD Replay
722 Unit I Beal Parkway
Fort Walton Beach, Florida 32547
850-315-0606

Division of Corporation
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Fl 32314-6327

Dear Sir:

I did not receive prior uniform business report notices. I believe that in 2002 I filed this report on line.

Please Reinstate CD Replay. Enclosed is the \$150 fee for filing the report without penalty, and the completed application for reinstatement.

Thank you



Neil Hooker, President
CD Replay

Home Address:
1140 Troon Drive West
Niceville, Fl. 32578
Contact Number: 850-217-1343