

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000061437

1. Corporation Name

VITAL SOUND, INC.

Principal Place of Business

303 N. 64TH AVE.
HOLLYWOOD FL 33024

Mailing Address

303 N. 64TH AVE.
HOLLYWOOD FL 33024

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1999

5. FEI Number

22-3691215

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PRES	MARK PARSONS	303 N. 64TH AVE	Hollywood, FL 33024

600003491376--8
-12/08/00--01022--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARSONS, MARK
303 N. 64TH AVE.
HOLLYWOOD FL 33024

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

REGISTERED AGENT MUST SIGN

Date

11/13/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/00

FILED

00 NOV 20 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/00)

Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

November 1, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Re: Vital Sound, Inc.
Application for Reinstatement
FEIN: 22-3691215
Document # P99000061437

Dear Sir or Madam:

I write on behalf of the above referenced client, specifically with regard to reinstating the corporation to active status, and the 2000 Uniform Business Report.

The taxpayer was erroneously informed that he was not required to file a 2000 Uniform Business Report, nor obligated to pay the \$150 fee by his previous practitioner. The client relied on the advice of a professional, and his action not to pay the fee was not deliberate. It was only when the client had switched accountants that it was discovered that the corporation was non-compliant with regard to it's filing requirements.

The proposed penalty of \$600 (six-hundred dollars) creates a severe economic hardship to the taxpayer, which the taxpayer is unable to pay. Due to the circumstances stated within, I respectfully request that you consider waiving the penalty. Enclosed is a check for \$150, which covers the original corporate fee, as well as the Application for Reinstatement.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter upon your determination.

Very truly yours,

Mitchell J. Howard

Mitchell J. Howard

Enclosures