

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V34231

1. Corporation Name

Audio Elite Inc.

Principal Place of Business

12823 SW 134 07.
miami FL 33186

Mailing Address

12823 SW 134 CT.
miami FL 33186

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

2. New Principal Office Address, If Applicable
12823 SW 134 Court.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
12823 SW 134 Court
Suite, Apt. #, etc.

City & State miami FL

City & State miami FL

Zip 33186

Country USA

Zip 33186

Country
USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida

04/06/1992

5. FEL Number

FBI Number
65-0335486

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED ☒

S8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Robert Beasing	14548 SW 124 Place	miami FL 33186
V	Charles Beasing	20231 NW 8 Street	Fembroke Pines FL 33029
			200004563512--3 08/30/01--01024--016 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JRA C Hatch
1600 SE 17 Street
Suite 300
FT. lauderdale FL 33

Name Robert Beesing
Street Address (P.O. Box Number is Not Acceptable) 14348 SW 124 Place
Suite, Apt. #, Etc. _____
City miami State FL

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 1/04/0

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Robert Beesing
ING OFFICER OR DIRECTOR

1/04/01 (305)378-6690