


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JUN 20 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>V73297</u>					
1. Corporation Name <u>Multimedia Distribution Corp DBA Distribution Video & Audio</u>					
Principal Place of Business Mailing Address <u>Distribution Video & Audio 1610 N. Myrtle Avenue Clearwater, FL 34615</u>					
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 <u>long time ago</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3148251</u>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
CEO	<u>Ben Kusler</u>	<u>2852 Chelsea Pl. S. CLEARWATER</u>	<u>Clearwater, FL 34615</u>		
Resident	<u>Brad Kusler</u>	<u>2191 Cypress Point</u>	<u>CW, FL 34623</u>		
Treasurer	<u>Todd Kusler</u>	<u>413 Feather Tree Dr</u>	<u>CW, FL 34625</u>		
Secretary	<u>Ryan Kusler</u>	<u>100 Pierce #610</u>	<u>CW, FL 34615</u>		
REINSTATEMENT <u>96-97</u>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent <u>AK</u>		
			Name <u>Todd Kusler</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>413 Feather Tree Drive</u>		
			Suite, Apt. #, Etc. <u>900002220689--1</u>		
			City <u>Clearwater</u> State <u>FL</u> Zip <u>34625</u>		
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 <u>Todd Kusler</u>			Date <u>6-2-97</u>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <u>Todd Kusler</u>			Date <u>6/2/97</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>813 447 4447</u>		

CR2E040 (12/96)