



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 446675			
1. Corporation Name TELE-ACOUSTICS, INC.			
Principal Place of Business 5500 WINDOVER WAY TITUSVILLE FL 32780-1635		Mailing Address P O BOX 1635 TITUSVILLE FL 32780-1635	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 02/20/1974	
		5. FEI Number 59-1513836	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	DESHLER, TIMIAN L.	2835 ARMADILLO TR.	TITUSVILLE FL
V	DESHLER, MICHAEL L.	7769 WINDOVER WAY PO Box 182	TITUSVILLE FL
ST	DESHLER, BARBARA L.	6822 WINDOVER WAY	TITUSVILLE FL
			300003499793--9 -12/13/00--01072--004 *****750.00 *****750.00
8. Name and Address of Current Registered Agent DESHLER, MICHAEL L. 7769 WINDOVER WAY TITUSVILLE FL 32780		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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  SIGNATURE REQUIRED Date 11-6-2000 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 REQUIRED 11-6-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:34



REINSTATEMENT

CR2E040 (8/00)