

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

2003 NOV 20 AM 10:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010176

Name and Mailing Address

0006923 01 AT 0.292 **AUTO T6 0 0615 33160-307242



ACE PRO AUDIO, L.L.C.

3342 N.E. 171 STREET

NORTH MIAMI BEACH FL 33160-3072



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/22/2001	
Principal Place of Business 3342 N.E. 171 STREET NORTH MIAMI BEACH FL 33160	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1134834	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent STEINMAN, JAY A BANK OF AMERICA AT INTERNATIONAL PLACE 100 S.E. 2ND STREET MIAMI FL 33131-9101	9. Name and Address of New Registered Agent Name CFRA, LLC Street Address (P.O. Box Number is Not Acceptable) 777 S. Harbour Island Boulevard 5th Floor City Tampa Zip Code 33602
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Authorized Representative Date _____

Authorized Registered Agent MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRP	RUBIN, FREDERICK	3342 NE 171 ST 2425 NW 49 LANE	MIAMI FL 33160 BOCA RATON FLA 33431

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 561 997 2701

Typed or printed name of signing Managing Member/Manager _____