

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 12 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M 22611**

1. Corporation Name

Miami Picture and Sound Company Inc.

2. Principal Office Address

4969 SW 74 Court

Suite, Apt. #, etc.

3. Mailing Office Address

4969 SW 74 Court

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33155

Country

US

Zip

33155

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. FEI Number

59-2594461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Robert Ader

Street Address (P.O. Box Number is Not Acceptable)

100 S. E. 2ND STREET

Suite, Apt. #, Etc.

#3550

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert Ader

REGISTERED AGENT MUST SIGN

Date

3/18/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	K J Sturm	3603 Solana Road	Miami, FL 33133
V.P.	Avn Sturm	3603 Solana Road	Miami FL 33133

10. 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:

K J Sturm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03

Date

305 666 4055

Daytime Phone #

76/12

CR2E081 (10/02)