

08/09/2004

16:03

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NO. 588

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

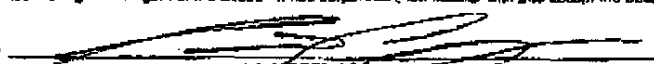
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000044622			
1. Corporation Name Multimedia Security & Sound, Inc.			
2. Principal Office Address 5224 Versailles Ct		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral FL		City & State FL	
Zip 33904	Country Lee	Zip	Country

REINSTATEMENT 03-04

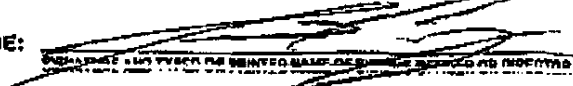
4. Date incorporated or qualified To do business in Florida 5-4-00	
5. FEI Number 65-1005646	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ 35.75 Additional Fee (Revenue 100% Certificate of Status)	

7. Name and Address of Current Registered Agent	
Name Scott Carey	
Street Address (P.O. Box Number is Not Acceptable) 5224 Versailles Ct	
Suite, Apt. #, Etc.	
City Cape Coral	State FL
Zip Code 33904	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent 	Date 8-9-04
REGISTERED AGENT SIGNATURE	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Scott Carey	5224 Versailles Ct	Cape Coral FL 33904

10. I certify that I am an officer or director of the retailer 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., and 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)(b), 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: 	Date 8-9-04 (239) 633- H04000163591 3 4165
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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

01251.28865

CORPORATION REINSTATEMENT

MULTIMEDIA SECURITY & SOUND, INC.

Certificate of Status	0
Certified Copy	0
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