08/09/2004 16:03 CORPDIRECT → 2050384 NO.588 D02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044622

1. Corporation Name
Multimedia Security + Sound, inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
5224 Versaille Ct	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: FL
Zip: 33904 County: Lee	Zip: County:

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 ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Scott Carey

Street Address (P.O. Box number is Not Acceptable): 5224 Versaille 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 MUST SIGN

CR2E031 (01/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Scott Carey	5224 Versaille Ct	Cape Coral FL 33904

10. I certify that I am an officer or director of the reviver 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: _____ 8-9-04 (239)383-
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING AS INDICATED — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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(((H04000163591 3)))

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

From:
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Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

012251.28865

CORPORATION REINSTATEMENT

MULTIMEDIA SECURITY & SOUND, INC.

Certificate of Status	0
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