PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | Katheri Secretar | TMENT OF STATE ne Harris y of State corporations | FILED 02 JAN 18 AM 8 31 |
|--|--|---|---|
| DOCUMENT # 00000065995 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Major Audio Creations Inc | | | |
| 2. Principal Office Address | 3. Mailing Office Addre | 5§ | 1 |
| 1400 elen Rd | 1400 Clen | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| City & State | ate City & State | | 0 2 3 4000 |
| West Palm Beach, FL | West Palm | n Beach, FL | 5. FEI Number Applied For Not Applicable |
| Zip Country | Zip | Country | 6. CERTIFICATE OF STATUS DECIDED \$8.75 Additional Fee required |
| 33406 USA | 33406 | USA | CERTIFICATE OF STATUS DESIRED for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | | |
| Mac Robinson Hutson Street Address (P.O. Box Number is Not Acceptable) 1400 Elen Rd Suite, Apt. #, Etc. City West Palm Beach 2000048535825 -02/01/0201053034 *****300.00 *****300.00 State Zip Code FL 33406 | | | |
| 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 Date 14/2002 | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| | Name of Street Address of Eac Officers and/or Directors Officer and/or Director | | |
| ouner Mac Robinson Hutson 1400 Elen R | | | 2J WPB/FL/33406 |
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| 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date | | | |

Major Audio Creations 1400 Glen Rd West Palm Beach FL 33406 561-863-9550 www.majoraudiocreations.com

FL Dept of State:

This letter is to notify you of the fact that last year I did not recieve my 2001 Uniform Business Report. I did not realize this fact until I went to apply for my occupational license in Palm Beach County and they told me that my corporation had been dissolved, much to my surprise. I contacted your office in Tallahassee and I have now made sure that they have the correct mailing address for me and that all channels of communication are correct between the state of FL and Major Audio Creations Inc. So, I am writing you this letter hoping that you waive late fees and penalties for my corporation; and I am enclosing a check for \$300.00 for 2001 and 2002. Thank you for your time and understanding in this manner.

Mac Robinson Hutson Owner and President-