


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PD1000047851</u>			
1. Corporation Name <u>VP Audio Incorporated</u>			
2. Principal Office Address <u>3569 North Dixie Hwy</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>3569 North Dixie Hwy</u> <small>Suite, Apt. #, etc.</small>	
City & State <u>Fort Lauderdale, FL</u>		City & State <u>Fort Lauderdale, FL</u>	
Zip <u>33334</u>	Country <u>USA</u>	Zip <u>33334</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>MAY 2001</u>		5. FEI Number <u>651102353</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<small>\$3.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
Name <u>Will Harrell, Jr.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3569 North Dixie Highway</u>			
Suite, Apt. #, Etc. 			
City <u>Fort Lauderdale</u>		State <u>FL</u>	Zip Code <u>33334</u>
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 <u>Will Harrell, Jr.</u>		Date <u>8/23/05</u>	
REGISTERED AGENT MUST SIGN			
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
<u>\$</u>	<u>Will Harrell, Jr.</u>	<u>3569 North Dixie Hwy</u>	<u>Fort Lauderdale, FL 33334</u>
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: <u>Will Harrell, Jr.</u>		Date <u>8/23/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small> <u>9545640022</u>	

FILED
05 AUG 24 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/05 01003005 100.00
8/16/05 01003004 500.00
REINSTATEMENT 02-05
BOOKS 1000000000

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