

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000054697</u>			
1. Corporation Name <u>ETC - AUDIO CONCEPTS</u>			
2. Principal Office Address <u>2501 WESTGATE AVE</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>#5</u>		Suite, Apt. #, etc.	
City & State <u>WEST PALM BEACH FL</u>		City & State	
Zip <u>33409</u>	Country <u>USA</u>	Zip	Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida <u>5-22-01</u>	
5. FEI Number <u>65-1106236</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>PATRICIA CRYAN</u>	<u>600023751806</u> <u>10/13/03--01072--023 **750.00</u>
Street Address (P.O. Box Number is Not Acceptable) <u>same as above</u>	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

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 *Patricia Cryan* Date 10-09-03

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>Pres</u>	<u>ERIC T CRYAN</u>	<u>2501 WESTGATE AVE</u> <u>WEST PALM BEACH FL</u>	<u>33409</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: *Eric T Cryan* Eric T Cryan 10/9/2003 (561) 683-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

9/10/14