

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054765

**1. Corporation Name**

STREAMING MULTIMEDIA, INC

**2. Principal Office Address**

1700 SUNSET DRIVE

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

Zip

Country

32750

U.S.A.

**3. Mailing Office Address**

455 DOUGLAS AVE.

Suite, Apt. #, etc.

SUITE 2155-31

City & State

ALTAMONTE SPRINGS, FLORIDA

Zip

Country

32714

U.S.A.

REINSTATEMENT 02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 25, 2001

**5. FEI Number**

593730223

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

LAWRENCE G. WALTERS, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

455 DOUGLAS AVE.

Suite, Apt. #, Etc.

SUITE 2155-31

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

**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

REGISTERED AGENT MUST SIGN

Date 11-12-02

**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
D	Tom Lay	1700 SUNSET DRIVE,	LONGWOOD, FL 32750

**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:

Thomas P. Lay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Lay

Date

10-4-02

Daytime Phone #

(407) 323-5808

CR2E081 (9/01)