PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
03 JUL 11 PM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117667

1. Corporation Name: ACOUSTIC Projects, Inc.

000021966320
08/01/03--01004--006 **908.75

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
3001 SW 28 Lane	3001 SW 28 Lane
Suite, Apt. #, etc.: Suite 6	Suite, Apt. #, etc.: Suite 6
City & State: Miami, FL	City & State: Miami, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/2001

5. FEI Number: 80-0023507 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] ($75 Additional Fee for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: IVAN CAÑAS

Street Address (P.O. Box Number is Not Acceptable): 3001 SW 28 Lane

Suite, Apt. #, Etc.: Suite 6

City: Miami — State: FL — Zip Code: 33134

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: X Cañas — Date: 7-2-2003

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
DP	Mora, Mario H	3001 SW 28 Lane Suite 6	Miami, FL 33134
VT	Treschzanski, Alejandro	3001 SW 28 Lane Suite 6	Miami, FL 33134

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: _____ 7-2-2003 786-586-1810

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