


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD2000043180			
1. Corporation Name MULTIPLEX SYSTEMS, INC			
2. Principal Office Address 7403 OAKBROOK DRIVE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State	
Zip 33467	Country USA	Zip	Country

100040581101
08/27/04--01044--001 **308.75

4. Date Incorporated or Qualified To Do Business in Florida 4-22-02
5. FEI Number 02-0590965
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name CHUCK RANDAZZO	
Street Address (P.O. Box Number is Not Acceptable) 7403 OAKBROOK DRIVE	
Suite, Apt. #, Etc.	
City LAKE WORTH	State FL
Zip Code 33467	

REINSTATEMENT 03-04

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 Chuck Randazzo	Date 8-25-04
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
CEO	CHUCK RANDAZZO	7403 OAKBROOK DRIVE	LAKE WORTH, FL 33467
P	MARY ANN RANDAZZO	7403 OAKBROOK DRIVE	LAKE WORTH, FL 33467

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: Chuck Randazzo	CHUCK RANDAZZO	8-25-04	954-781-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Page 2 of 2

8-24-2004

FLORIDA DEPT. OF STATE, DIVISION OF CORPORATIONS

DEAR MADAM OR SIR,

SHORTLY AFTER FILING FOR A CORPORATION ON 4-22-2002 WE HAD MOVED AND RECEIVED NO FURTHER COMMUNICATION FROM YOUR DIVISION. I INFORMED YOUR DIVISION BY LETTER BUT I GUESS IT "SLIPPED THRU THE CRACKS" I WOULD LIKE TO RE-ACTIVATE THIS CORPORATION. I WAS TOLD BT PHONE CONVERSATION TO YOUR DIVISION THAT THE \$600.00 FEE COULD BE WAIVED IF SUCH ACCURED WHICH IT DID. PLEASE DO SO FOR ME. ALSO BE ADVISED OF THE ADDRESS CHANGE.

**OLD ADDRESS: 2436-377 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064**

**NEW ADDRESS: 7403 OAKBORO DRIVE
LAKE WORTH, FL 33467**

**THE CORPORATE NAME IS MULTIPLEX SYSTEMS, INC
DOCUMENT # P02000043180
FEI # 02-0590965 CONFIRMED ACTIVE BY INTERNAL REVENUE SERVICE**

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

CHUCK RANDAZZO CEO

