

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:37

DOCUMENT # **P02000043573**

1. Corporation Name
QUANTUM AUDIO VISUAL SOLUTIONS INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2124 SW 82 PLACE MIAMI FL 33155	2124 SW 82 PLACE MIAMI FL 33155



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/2002	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VS	CAMPOS, GUILAM	2124 SW 82 PLACE	MIAMI FL 33155
PT	REZAI, SOHEIL S	PO BOX 330132	MIAMI FL 33233

000023920580
 10/17/03--01093--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPOS, GUILAM 2124 SW 82 PLACE MIAMI FL 33155	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* VS
 REGISTERED AGENT MUST SIGN
 Date: 10/14/3

11. 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: *[Signature]* Guilam Campos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10/14/3
 Daytime Phone #: 786-514-3677
 305-458-7945

CR2E040 (7/03)

FLORIDA DEPARTMENT OF STATE

October 14, 2003

Division Of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that this notice was the first form received by my office. I am
Inclosing a check for \$150.00 to reinstate my corporation at the earliest possible time.

Sincerely,

Guilam Campos
Vice President