2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000119139

1. Entity Name
A & R AUDIO/VISUAL TECHNOLOGIES, INC.

FILED
2008 APR 14 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4796 140TH AVE. N W. PALM BCH, FL 33411	4796 140TH AVE. N W. PALM BCH, FL 33411

04022008 REIN-P CR2E098.(1/07) REINSTATEMENT 07-08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5819 White Cypress Dr	5819 White Cypress Dr
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Lake Worth FL	City & State: Lake Worth FL
Zip: 33467 Country: Palm Bch	Zip: 33467 Country: Palm Bch

4. FEI Number: 20-0329910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DALY, ANTHONY 4796 140TH AVE. N W. PALM BCH, FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALY, ANTHONY 4796 140TH AVE. N W. PALM BCH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Daly, Anthony 5819 White Cypress Dr Lake Worth FL 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Daly 4/8/08 (561)662-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 14 2008