

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 17 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD3000134257 1. Corporation Name Pyramid Electronics INC.	
2. Principal Office Address 8910 North Mabry Suite, Apt. #, etc. Suite 15 City & State Tampa, FL Zip 33614 Country USA	3. Mailing Office Address 8910 North Mabry Suite, Apt. #, etc. Suite 15 City & State Tampa, FL Zip 33614 Country USA

700036524127
05/17/04--01082--003 **150.00

2004 UBR/AR

4. Date Incorporated or Qualified To Do Business in Florida November 18, 2003

5. FEI Number 57-1193604 **Applied For** ☐ **Not Applicable** ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Russell Beisswanger

Street Address (P.O. Box Number is Not Acceptable) 8910 North Dale Mabry

Suite, Apt. #, Etc. Suite 15

City Tampa **State** FL **Zip Code** 33614

CR2004 (01/04)

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.

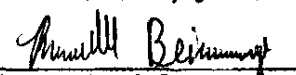
Signature of Registered Agent  **Date** 5/11/04

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
President	President Russ Beisswanger	8910 North Dale Mabry	Tampa, FL 33614

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)(f), 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:  **Russell Beisswanger** **Date** 5/11/04 **Daytime Phone #** (813) 915-1082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR