PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 UBR

FILED
04 MAY 17 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000134257

1. Corporation Name
Pyramid Electronics INC.

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

2004 UBR/AR

2. Principal Office Address	3. Mailing Office Address
8910 North Mabry	8910 North Mabry
Suite, Apt. #, etc. Suite15	Suite, Apt. #, etc. Suite15
City & State Tampa, FL	City & State Tampa, FL
Zip 33614 Country USA	Zip 33614 Country USA

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

5. FEI Number 59-1193604 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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

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: Russell Beisswanger Date: 5/11/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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)(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: Russell Beisswanger Russell Beisswanger 5/11/04 (813)915-1082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #