## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 APR 20 AM 9: 55
DOCUMENT # P04000083371		SECRETARY OF SAATE TALEANASSEE, FLORIDA
Corporation Name		
Wired Audio to Video Inc.		04/20/1001024011 **450.00
		FILING CANCELLED
Principal Office Address - No P.O Box #	3. Mailing Office Address	RETURNED CHECK
5114 19th Ln.E	5114 19th Ln. E	CR2E081 (11/09)
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc	Date Incorporated or Qualified     To Do Business in Florida 5/25/2004
Bradenton, Fl	Bradenton, Fl	5. FEI Number Applied For 20 - 1135437 Not Applicable
342.03 Country  342.03	34203 Country USA -	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name  Donald Bennett  Street Address (P.O. Box Number is Not Acceptable)  514 910 LN. E  Suite, Apt. #, Etc		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement
Bradenton	State Zip Code FL 34203	fee be waived.
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 4/19/10  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
P Donald Bennett	5114 19th Ln. E	Bradenton, Fl 34203
VP Jessica Bannett	514 19th Ln.E	Bradenton, FT 34203
5 Donald Bennett	5714 19th Ln.E	Bradenton, Fl 34203
T Mae Bennett	4815 4th St. Was	+ Bradenton, Fl 342033
REINSTATEMENT RH		
10. E-mail Address: W/Vedayd/O and V/deo @ amail .com		
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 507 or 617, F.S. I further certify that when filling 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. I further certify, 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:  A 19 10 941-721-3934  Date Daytime Phone #		