

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 17 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POS0000072600
1. Corporation Name
NEW SYSTEM SOUND ENTERTAINMENT CORP.

300121199443
03/25/08--01022--019 **458.95

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
927 W. Fairview Ave.

3. Mailing Office Address
927 W. Fairview Ave.

Suite, Apt. #, etc.

City & State
Dayton, Ohio

Zip Country
45406 USA

4. Date Incorporated or Qualified To Do Business in Florida
January 5, 2005

5. FEI Number
20-3836372

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
Alexandria Moore

Street Address (P.O. Box Number is Not Applicable)
614 Howard Ave.

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32310

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 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
Alexandria Moore
REGISTERED AGENT MUST SIGN

Date 3-6-08

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
C	Clarence Addison, II	927 W. Fairview Ave.	Dayton, Ohio 45406
P	Larry Gardner	815 Rocky Ridge Blvd.	Douglasville, Georgia 30134
V	Mychael Turner	4621 Strathaven Dr.	Dayton, Ohio 45424
T	Kathy A. Addison	927 W. Fairview Ave.	Dayton, Ohio 45406
S	Alexandria Moore	614 Howard Ave.	Tallahassee, Florida 32310
D	Mark E. Reed	514 Hurlburt St.	Wheaton, Missouri 64874

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 contained in Chapter 119, 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: *Clarence Addison, II* **Clarence Addison, II** 2-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #