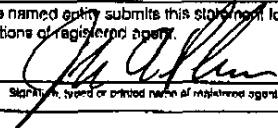


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -2 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000154140			
1. Entity Name FLORIDA VISUAL DISPLAY PRODUCTS, INC.			
Principal Place of Business 1418 E SEMORAN BLVD STE 103 APOPKA, FL 32703		Mailing Address 1418 E SEMORAN BLVD STE 103 APOPKA, FL 32703	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent PARKER, JOHN A 1418 E SEMORAN BLVD STE 119 APOPKA, FL 32703		5. FEI Number 20-4308825 Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 9/29/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARKER, JOHN A	NAME	300080361443
STREET ADDRESS	1418 E SEMORAN BLVD STE 119	STREET ADDRESS	10/02/06--01042--025 **150.00
CITY- ST- ZIP	APOPKA, FL 32703	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARKER, STEPHEN	NAME	SP 10/3
STREET ADDRESS	443 LANARKSHIRE PL	STREET ADDRESS	
CITY- ST- ZIP	APOPKA, FL 32712	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAINES, WILLIAM C	NAME	
STREET ADDRESS	1923 LEXINGTON PL	STREET ADDRESS	
CITY- ST- ZIP	TARPOON SPRINGS, FL 34689	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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, and all other like empowered.			
SIGNATURE: 		DATE 9/29/06 DAYTIME PHONE 407-889-0087	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	