

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 FEB 28 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000030906

1. Corporation Name
MOBILE AUDIO/VIDEO INTEGRATIONS, Inc.

2. Principal Office Address - No P.O. Box #
4611 S. UNIVERSITY DR

3. Mailing Office Address
4611 S UNIVERSITY DR

Suite, Apt. #, etc.
150

Suite, Apt. #, etc.
150

City & State
DAVIE FL

City & State
DAVIE FL

Zip
33328

Country
BROWARD

Zip
33328

Country
BROWARD

REINSTATEMENT 11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
4/10/2010

5. FEI Number
27-2322465

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
ANTHONY D. Pellegrino

Street Address (P.O. Box Number is Not Acceptable)
2764 NW 104th AVE

Suite, Apt. #, Etc.
102

City
SUNRISE

State
FL

Zip Code
33322

600215820486
02/28/12--01005--002 **150.00
600215820486
01/03/12--01042--013 **750.00

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
Anthony D Pellegrino

Date
12-26-11

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
<i>PRESIDENT</i>	<i>ANTHONY Pellegrino</i>	<i>2764 NW 104th AVE #102</i>	<i>SUNRISE, FL 33322</i>

10. E-mail Address: *TPellegrino27@yahoo.com*

(To be used for future annual report notification)

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 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 807.0401 or 617.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Anthony D Pellegrino*

Date
12-26-11

Daytime Phone #
754-204-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #