FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95-24815

1. Corporation Name

MegaSound Inc.

Principal Place of Business / Mailing Address

2255 W. 10th Court
Hialeah FL. 33010

If above addresses are incorrect at any way, line through incorrect information and enter corrections below.

2. New Principal Office Address, if Applicable
9564 NW. 41st St.
Suite, Apt. #, etc.
City & State: Miami FL.
Zip: 33178 County: Dade

3. New Mailing Office Address, if Applicable
9564 NW. 41st St.
Suite, Apt. #, etc.
City & State: miami FL.
Zip: 33178 County: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 3/28/1995

5. FEI Number: 65-0570942 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Majid Gorjiyazdy	9564 NW. 41st. St.	Miami FL. 33178
Secretary	Majid Gorjiyazdy	9564 N.W. 41st. St.	Miami FL 33178

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REINSTATEMENT 96-99 15

8. Name and Address of Current Registered Agent
Majid Gorjiyazdy
9564 NW. 41st St.
Miami FL. 33178

9. Name and Address of New Registered Agent
Name: Majid Gorjiyazdy
Street Address (P.O. Box Number is Not Acceptable): 9564 NW. 41st St.
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33178

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: M. Gorjiyazdy Date: 9/09/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: M. Gorjiyazdy Majid Gorjiyazdy 9/09/99 305-432-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #