

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000043779

1. Corporation Name

DMX INTEGRATION, INC.

Principal Place of Business

4501 PARKWAY COMMERCE BLVD.
ORLANDO FL 32808

Mailing Address

4501 PARKWAY COMMERCE BLVD.
ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Carter T. Williams

Suite, Apt. #, etc.

4501 Parkway Commerce Blvd.

City & State

Orlando, Florida

Zip

32808

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1995

5. FEI Number

59-3320669

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T CFO/S/D	WILLIAMS, CARTER T	4501 PARKWAY COMMERCE BLVD.	ORLANDO FL 32808
S	ORR, P D	4501 PARKWAY COMMERCE BLVD	ORLANDO FL 32808
PD	DAVIS, MARVIN A	4501 PARKWAY COMMERCE BLVD	ORLANDO FL
PD	BOUVERIE, WILLIAM M.	4501 Parkway Commerce Blvd.	Orlando, FL
V	ZAMPINI, DINO	4501 Parkway Commerce Blvd.	Orlando, FL

8. Name and Address of Current Registered Agent

ORR, PETER D --
4501 PARKWAY COMMERCE BLVD. --
ORLANDO FL 32808 --

9. Name and Address of New Registered Agent

Name

American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

255 South Orange Avenue

Suite, Apt. #, Etc.

Suite 1700

City

Orlando

State

FL

Zip Code

32801

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. or 617.0505, F.S.

Signature of
Registered Agent

James Fisher
REGISTERED AGENT MUST SIGN

Date 10/24/02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carter T. Williams
Carter T. Williams

Date

Daytime Phone #

10/23/02 (407) 523-5594

FILED

02 NOV -4 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02

CR2040 (8/02)