

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043779

1. Corporation Name

DMX INTEGRATION, INC.

Principal Place of Business Mailing Address

4501 PARKWAY COMMERCE BLVD.
ORLANDO FL 32808

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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.	3. New Mailing Office Address, If Applicable c/o Carter T. Williams Suite, Apt. #, etc.
City & State	4501 Parkway Commerce Blvd. City & State Orlando, Florida
Zip	Zip Country 32808 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 <input type="checkbox"/> \$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
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CR2040 (8/02)

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

Signature Required
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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 (907) 23-5554
Date
Daytime Phone #