PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 23 AM 10:5

DOCUMENT # P97000017708

1. Corporation Name
DIGITAL SOUND AND AMUSEMENT, INC.

400067465294
03/09/06--01026--030 **1050.00
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
11325 SW 32ND ST	PO BOX 4623
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33165 Country:	Zip: 33265 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02-25-1997

5. FEI Number: 65-0730786 ☐ 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: JOSE L. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 11325 SW 32ND Street

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33165

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: Jose Jorge Gonzalez Date:
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
PSD	JOSE L. GONZALEZ	11325 SW 32ND ST	MIAMI-FL-33165
VD	ALINA L. GONZALEZ	11325 SW 32ND ST	MIAMI-FL-33165

2/20/06
04-06

10. 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 contained in Chapter 119, 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: Jose Jorge Gonzalez 2/20/06 305-710-3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #