PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  SOCIETY of State DIVISION OF CORPORATIONS  DOCUMENT # PG OOOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Corporation Name  DOCUMENT # PG OOD 12 1 0 2  1. Document # PG OOD 12 1				
1. Corporation Name  Corporation Name  Suite, April, etc.  Suite,		Secretary of State	UHFEB 25 PH 4-13	
ANIAMI FT 33166  2. Principal Office Address  CHC NW 77 CT  Suite, Apl. 8, etc.  3. Mailing Office Address  CHC NW 77 CT  Suite, Apl. 8, etc.  4. Duale Incorporated or Qualified  To De Business in Ploridis  Zip Country  To De Business in Ploridis  Zip Country  To Countr	1. Corneration Name	IMITAGES OF STORION		
2. Principal Office Address (CBLC NW 77 CT.  Sulfe, Apt. 4, etc.  To Do Business in Fonds  Sulfe, Apt. 4, etc.  Sulfe, Apt. 4, etc.  To Do Business in Fonds  Sulfe, Apt. 4, etc.  Sulfe, Apt. 4, etc.  To Do Business in Fonds  Sulfe, Apt. 4, etc.  To Do Business in Fonds  Sulfe, Apt. 4, etc.  To Do Business in Fonds  Sulfe, Apt. 4, etc.  To Do Business in Fonds  Sulfe, Apt. 4, etc.  To Do Sulfe, Apt. 4, etc.  Sulfe, Apt. 4, etc	DAS AUDIO OF			
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City & State  Registered Agent	· - 146			
City & State  MAMI FLORIDA  Applied For  MAMI FLORIDA  B. Country  Steel Address of Country  Steel Address of Country  Steel Address of Country  Country  Steel Address (P.O. Box Number is Not Acceptable)  1201 + Hard's STORET  Suite, Apt. 4, Etc.  City  Fig.  City  Fig.  Sille, Apt. 4, Etc.  City  Fig.  Sille,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida  2/5/190 ×	
2p Centrity S166 Country S166 Country S166 Centrificate of Status Desired D S466 Additional Fee readired of Status S166 Street Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)   120   + + + + + + + + + + + + + + + + + +		City & State	5. FEI Number Applied For	
7. Name and Address of Current Registered Agent  Name  CORPOTATION SERVICE COMPANY  Street Address (P.O. Box Number is Not Acceptable)  1201 + 121/25 ST/2551  Suite, Apt. 4, Etc.  City  City  FL 32301  8. I, being appointed the pregistered agent of the abeve named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent;  REGISTERED AGENT MLET SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Director  Officer and/o	Zip Country		6. S8.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable)  1201 + HAYS STREET  Sulte, Apr. #, Etc.  City  TAWAHASSEE  B. I, being appointed the pregistered agent of the above named comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent,  REGISTERED AGENT MET SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officers and/or				
8. I, being appointed the pregistered agent of the abeye named conjoration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registred Agent.  REGISTREEP/AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  City / State / Zip  D. CALABUTG, SUAN 46988 PATERNA VALUAGA, SPAIN  D. FORMS, MANUEL 46988 PATERNA VALUAGA, SPAIN  D. AGUIRDE, CONTANO GRIG NAM STATE AND VALUAGA, SPAIN  D. AGUIRDE, CONTANO GRIG NAM STATE AND VALUAGA, SPAIN  10. Learlify 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 filling this reinstatroment application, the resembler of 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 given and and section 119.07(3)(i), F.S. The information indicated on this application is true and application and registers shall have the same legal effect as if made under cath.  SIGNATURES  CONTAND ASVINCE 12309  12309  325-436-0521	CORPOTATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 + MCS STREET			
Signature of Registered Agent.  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  Officer and/or Director  Officer and/or D		SEE SEE		
Tilles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Directors  Officer and/or Director  Director  Officer and/or Director  VALOUTA, SPAIN  DIRECTO  HORS  PATERNA  VALOUTA, SPAIN  DIRECTO  HORS  TO MIAM'I FL 33166  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 filling this reinstatement application, the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application is true and active the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  CANADO ASUMPE  123,047  23,047  23,047  25,436-0521	Signature of Registered Agent, Date 1/21/2009			
Officer and/or Director  Officer and/or Direct	9. Names and Street Addresses of Each Officer ar	nd/or Director (Florida nonprofit corporations must list at	least 3 directors)	
D GINER, ROBETTO 46988 PATERNA VALENCIA, STAIN D FERIS, MANNEL 46988 PATERNA VALENCIA, STAIN D AGUIRDE, GONTANO CRIB NUM 77 CT. MIGNIT FL 33166  10. I certify that I am an officer or director of 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 readymyor 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 failed 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:  CONTAND ASVIDER: 123/04 305-436-0521				
D FERIS, MANUEL 46988 PATERNA VALENCIA, SPAIN  D AGUIRDE, GONZANO GRIG NUM FT CT. MIJAMI, FL 33166  10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason or 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 faid 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:  CONTAND ASVIDER 123/PY 205-436-0521	D CARABUIG, SU	n 46988 DATE	PNA VALENCIA, SPAIN	
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SIGNATION TO THE DISTRICT OF SIGNING OFFICER OF DIRECTOR				





D.A.S. Audio, S.A.

C/. Islas Baleares, 24 46988 Fuente del Jarro - Valencia, SPAIN Tel. 96 134 0525 - Tel. Indl. + 34 96 134 0600 Fax. 96 134 0607 - Fax. Indl. + 34 96 134 0607

D.A.S. Audio of America, Inc.

Sunset Palmetto Park 6816 NW 77th Court MIAMI, FL 33166 U.S.A. TOLL FREE: 1-888DAS4USA. Tel. 305-436-0521 Fax. 305-436-0528 2/24/2004

FLORIDA DEPT. OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

REF. – CORPORATION REINSTATEMENT DOCUMENT # P98000012102

Dear Sirs:

As per our conversation this letter is to notify you that we did not receive our annual filing report notice due to the fact that you had the wrong address on file, you currently have **6316** NW 77<sup>th</sup> Court, Miami, FL **33136**. Please update your records and include our correct address:

DAS Audio of America, Inc. 6816 NW 77<sup>th</sup> Court<sup>7</sup> Miami, Fl 33166

Included is a check for \$300.00 for corporation reinstatement. We appreciate your quick response in this matter.

Sincerely,

Jaime/Villegas

D.A.S. Audio of America, Inc.