

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000029130		
1. Corporation Name FRANK AUDIO CORPORATION		

FILED
05 JAN 19 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[Handwritten signature]
REINSTATEMENT 01-05

2. Principal Office Address 738 Canal Street Suite, Apt. #, etc.	3. Mailing Office Address 738 Canal Street Suite, Apt. #, etc.
City & State New Smyrna Fl	City & State New Smyrna FL
Zip 32168	Country Volusia
Zip 32168	Country Volusia
4. Date Incorporated or Qualified To Do Business in Florida 98	
5. FEI Number 59.3501514	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Frank Luznar IV	Street Address (P.O. Box Number is Not Acceptable) 1404 Queen Palm Dr	Suite, Apt. #, Etc.
City Edgewater		State FL Zip Code 32132

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 <i>[Signature]</i>	Date 1-11-05	
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
P/D	Frank Luznar IV	1404 Queen Palm Dr	Edgewater Fl 32132

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 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.			
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[Signature] **1-11-05**
SIGNATURE: **Frank Luznar IV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #