

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000005783			
1. Corporation Name INSTALLATION DYNAMICS, INC.			
Principal Place of Business 918 JEFFERSON AVE MIAMI BEACH FL 33139 US		Mailing Address 918 JEFFERSON AVE MIAMI BEACH FL 33139 US	
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. 2944 Whitehead St City & State Miami FL Zip 33133		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 2944 Whitehead St City & State Miami FL Zip 33133	
		4. Date Incorporated or Qualified To Do Business in Florida 01/20/1999	
		5. FEI Number 65-0890287	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KOREY, MICHAEL J	918 JEFFERSON AVENUE APT. 3 2944 Whitehead St	MIAMI BEACH FL 33139 Miami FL 33133
			500004685645--1
			-11/16/01--01070--012
			****760.00 ****758.75
			<i>PR mis</i>
8. Name and Address of Current Registered Agent KOREY, MICHAEL J 918 JEFFERSON AVENUE APT. 3 MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name KOREY Michael J Street Address (P.O. Box Number is Not Acceptable) 2944 Whitehead St Suite, Apt. #, Etc. City Miami FL State FL Zip Code 33133	
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.			
Signature of Registered Agent <i>[Signature]</i>		Date Oct, 24, 2001	
SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN			
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: <i>[Signature]</i>		Date Oct, 24, 2001 Daytime Phone # 786-295-0426	
SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 01

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