

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR -4 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V38537**

1. Corporation Name
TUNED CIRCUITS, INC.

2. Principal Office Address
7487 NORTHPOINTE BLVD.

3. Mailing Office Address
7487 NORTHPOINTE BLVD.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip Country
32514 ESCAMBIA

Zip Country
32514 ESCAMBIA

REINSTATEMENT 1993-2002

4. Date Incorporated or Qualified To Do Business in Florida **05/26/1992**

5. FEI Number **59-3125724** 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 **BEVERLY HOLLY KIKER** 700005134157--9
-03/19/02--01044--004
Street Address (P.O. Box Number is Not Acceptable) **7487 NORTHPOINTE BLVD.** ***2100.00 ***2100.00
Suite, Apt. #, Etc.

City **PENSACOLA** State **FL** Zip Code **32514**

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 **Beverly Holly Kiker** Date **2/26/02**
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	BEVERLY KIKER	7487 NORTHPOINTE BLVD.	PENSACOLA, FL 32514

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.

SIGNATURE: **Beverly Kiker** **BEVERLY KIKER** 850-479-1684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)