APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 20 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 73297

1. Corporation Name

Multimedia Distribution Corp
DBA Distribution Video & Audio

Principal Place of Business	Mailing Address

Distribution Video & Audio
1610 N. Myrtle Avenue
Clearwater, FL 34615

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	*long time ago*
City & State	City & State	5. FEI Number 59-3148251 — Applied For / Not Applicable
Zip / Country	Zip / Country	6. CERTIFICATE OF STATUS DESIRED ☒ / $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
CEO	Ben Kusler	2852 Chelsea Pl S. ???	Clearwater, Fl 34615
President	Brad Kusler	2191 Cypress Point	CW, Fl 34623
Treasure	Todd Kusler	413 Feather Tree Dr	CW, Fl 34625
Secretary	Ryan Kusler	100 Pierce #610	CW, Fl 34615

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Todd Kusler 6-20-97
	Street Address (P.O. Box Number Is Not Acceptable) 413 Feather Tree Drive
	Suite, Apt. #, Etc.
	City Clearwater State FL Zip Code 34625

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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 _____
REGISTERED AGENT MUST SIGN

Date 6-2-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐   (See other side for information on intangible tax.)

12. 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: Todd Kusler _____   6/2/97   813 447 4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (12/96)