


2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED
06 FEB 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115624


1. Entity Name
VIDEO CITY OF ALACHUA, INC.



Principal Place of Business 15530 NW HIGHWAY 441 ALACHUA, FL 32615	Mailing Address PO BOX 2198 ALACHUA, FL 32616
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2. Principal Place of Business VIDEO CITY Suite, Apt. #, etc.	3. Mailing Address 19975 NW 2444 St. Suite, Apt. #, etc.
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City & State High Springs, FL	City & State High Springs, FL	Zip 32643	Country U.S.
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10252005 REIN-P CR2E098 (6/04)

4. FEI Number 32-0047419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MACKINNON, GEORGE E
825 NW SANTA FE BLVD
HIGH SPRINGS, FL 32643**

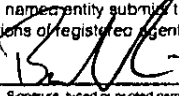
7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKINNON, GEORGE E 825 NW SANTA FE BLVD HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19975 NW 2444 St High Springs, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACKINNON, CYNTHIA L 825 NW SANTA FE BLVD HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 T. Roberts FEB 14 2006 600066132636 <input type="checkbox"/> Addition 02/17/06--01030--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> 600066132636 02/17/06--01030--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ OFFICER OR DIRECTOR

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January 16, 2006

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: P02000115624/Video City of Alachua Inc.

To Whom It May Concern,

Please be advised, I never received my notice of renewal for 2005. Enclosed is a check for \$150.00 to reinstate 2005 and the reinstatement form with the appropriate changes. Please let me know if you have any questions.

Thank you,

Buck MacKinnon
386/462-5555