

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Paye/07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 14 PM 2:25

SECRET
FALL 2014

DOCUMENT # P03000122346

1. Corporation Name

Quality Video Production, Inc.

2. Principal Office Address

7523 Kimberly Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North Lauderdale FL

Zip

33068

Country

USA

05/03/04 91244 039 1500

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-0387724

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

Guy-Ernst Philippi

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

7523 Kimberly Blvd.

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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**

Date

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	Guy-Ernst Philippi	7523 Kimberly Blvd.	North Lauderdale, FL 33068

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:

Guy-Ernst Philippi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-08-05

Date

Daytime Phone #

CR2E081 (01/05)

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QUALITY VIDEO PRODUCTION, INC.
7523 KIMBERLY BOULEVARD
NORTH LAUDERDALE, FL 33068

June 8, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find a corporation reinstatement form for the year 2004 and annual report form for the year 2005, along with a check in the amount of \$150.00 for the 2005 fee, for my company Quality Video Productions, Inc. I was never informed and therefore unaware of the dissolution of my company with the Florida Department of State in 2004 and I never received my payment back in the amount of \$150.00 made payable to the Florida Department of State. The check was in fact cashed by the Florida Department of State in 2004. Please adjust your records accordingly and reinstate my corporate name through the year 2005.

~~Thanking you in advance for your prompt and courteous attention to this matter. If you~~
have any further questions, please don't hesitate to contact the undersigned.

Regards,

Guy-Ernest Philippi

06-08-05

Guy-Ernest Philippi
President