

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 23 AM 11:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **661272**

1. Corporation Name

VIDEOLAB, INC.

Principal Place of Business

Mailing Address

8180 NW 58TH ST
 MIAMI FL 33166
 US

8180 NW 58TH ST
 MIAMI FL 33166
 US



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.		03/18/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2002003	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GONZALEZ, REMIGIO A.	2555 PASEO DE LA REFORMA	MEXICO 10, D. F.
S	DURAN, FRANK	1996 SW 1ST SCT	MIAMI, FL 00000
			300002704073-9 -12/07/98--01008--010 ****750.00 ****750.00
REINSTATEMENT 98.11.25/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ANA
 2600 S.W. 3RD AVE.
 SUITE 400
 MIAMI FL 33129

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
Zip Code	

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 *Ana Gonzalez* **REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Ana Gonzalez* _____ Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/88)