PLEASE READ	ALL INSTF	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION APPLICATION	FLORIDA DEPARTMENT OF STATE			1			
FOR	Sandra B. Mortham Secretary of State			FILED			
REINSTATEMENT	DIVISION OF CORPORATIONS			1			
DOCUMENT # 685 201	W98-12276			98 SEP 21 AM 9: 32			
6833 Bird Road Book of Video Corp				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
W48 0500 1276 Principal Place of Business Mailing Address				-			
6833 SW 40 St	Same		E	EINICT	TATEMENT		
Miami F1 33155	FI 33155				B.K. B. STR. B. STR. O. A.	95-9	
If above addresses are incorrect in any way, tine through incorrect information and enter correction below.						Or	
New Principal Office Address, If Applicable	Applicable	4. Date Incorporated or Qualified					
Suite, Apt. #, etc.	#, etc. Suite, Apl. #, etc.			5. FEI Number Applied For			
City & State	City & State			59-2	1022422	Not Applicable	
Zip Country	Zıp	Country		_		75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida		lions must list at lea				
Title(s) and/or Directors	e(s) and/or Directors Off 3 (Do NOT Us				City / Ste	ate / Zip	
DP Sachs, Gene 6833 'SW 40 ST Miami, Fl 33155	st 6833 Sw				Miani, Fl 3	33155	
				71	00002649	14370	
					-09/25/981 ***1200.00	01086024	
			<u>-</u> -				
					_		
8. Name and Address of Current Registered Agent Name				9. Name and A	ddress of New Registered A	igent	
Sachs, Gene 6833 SW 40 St Street Addr				s (P.O. Box Number is Not Acceptable)			
Miani, Fl 33155	Suite, Apt. #, Etc.						
Micani 111 22122	City State Zip Code						
10. I, being appointed 17 registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Registered Agent / Date 9/11/98_ REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible fax.)							
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: SGNATURE AND TYPED OR PRIN	Has lau	A SAC	LS (nes)	9/11/98 Date Day	time Phone #	