

12/28/01 13:28 FAX 941 484 7226

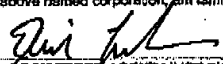
KANETSKY-MOORE

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002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
CORPORATIONS
01 DEC 28 PM 4:00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 686488					
1. Corporation Name VDS Video Services, Inc.					
2. Principal Office Address 2200 Dunbarton Drive			3. Mailing Office Address		
Suite, Apt. #, etc. Suite D			Suite, Apt. #, etc.		
City & State Chesapeake			City & State		
Zip 23325	Country U.S.	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 9/3/80	
				5. FEI Number 59-2026983	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 Erik Lieberman					
Street Address (P.O. Box Number is Not Acceptable) 227 Nokomis Avenue South					
Suite, Apt. #, Etc.					
City Venice, FL			State FL	Zip Code 34285	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent 			Date 12/27/01		
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	
D/P/S	Rory Graham	2200 Dunbarton Drive		Chesapeake, VA 23325	
D	Virgil Miller	2200 Dunbarton Drive		Chesapeake, VA 23325	
Prepared by: Jeffrey T. Talbert, Esq. 4525 So. Blvd., Ste. 300 Virginia Beach, VA 23452-1137 (757) 671-6000					
AD					
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)(f), 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: 			Date 12/20/2001 757/424-9757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941)485-1571
Fax Number : (941)484-7226

CORPORATION REINSTATEMENT

VDS VIDEO SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00