

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H29203

1. Corporation Name

VIDEO CENTER USA, INC.

Principal Place of Business

1229 WEST BASE STREET
MADISON FL 32340

Mailing Address

1229 WEST BASE STREET
MADISON FL 32340

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 E. Base Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

300 E. Base Street

Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL

Zip
32340

Country

Zip
32340

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1984

5. FEI Number

59-2515172

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
ST	STRICKLAND, FAYE	HWY 31/JUMPING GULLEY RD	CLYATTVILLE GA
P	STRICKLAND, AUBREY J.	HWY 31/JUMPING GULLEY RD	CLYATTVILLE GA

800003069898--1
-12/14/99--01093--005
****750.00****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

STRICKLAND, AUBREY J.
1229 WEST BASE STREET
MADISON FL 32340

9. Name and Address of New Registered Agent

Name

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

300 E. Base Street

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 807.0505, F.S.

Signature of
Registered Agent

Aubrey J. Strickland

REGISTERED AGENT MUST SIGN

Date *11-22-99*

11. 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:

Aubrey J. Strickland AUBREY J. STRICKLAND

Date

11-22-99

Daytime Phone #

(850) 973-8262

CR25140 (8/99)