PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 15 AM 10:28

DOCUMENT # H33323

1. Corporation Name

VIDEO PRODUCTION CENTER, INC.

Principal Place of Business	Mailing Address
601 Sunrise Ave ~~201 W SR 434~~ WINTER SPRINGS FL 32708 US	601 Sunrise Ave ~~201 W SR 434~~ WINTER SPRINGS FL 32708 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/1984

5. FEI Number: 59-2770560 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALLEN, RALPH	~~395~~ SUNRISE AVE. 601	WINTER SPRINGS FL
			100004703221--3 -12/04/01--01008--003 ****150.00 ****150.00
			11/30

8. Name and Address of Current Registered Agent

ALLEN, RALPH
601 ~~395~~ SUNRISE AVE.
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

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

CR2E040 (8/01)

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: Ralph W. Allen Date: 10/19/01
REGISTERED AGENT MUST SIGN

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: Ralph W. Allen Pres VPC Inc 10/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VIDEO PRODUCTION CENTER, INC.

To Whom this may concern

Today is Friday the 19th of Oct. I spoke with someone in the Department and they told me to write this letter explaining my situation I didnt recieve a late notice due to our address change From 201 W SR 434 to 601 Sunrise Ave Winter Springs, FL 32708 our new phone # is 407-696-5432. Im still the registered Agent and Pres. Thank you for helping me and I'm sure this will never happen again.

P.S. I also never recieved the initial notice to file. Once again thank for your help.

601 Sunrise Ave 407-696-5432
201 West State Road 434 • Winter Springs, FL 32708 • (407) 327-0068