
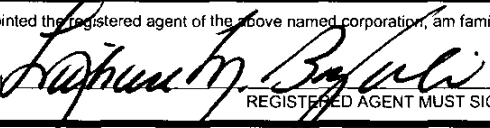
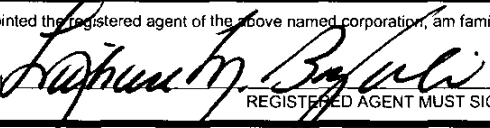
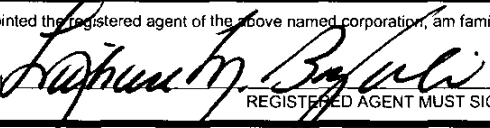
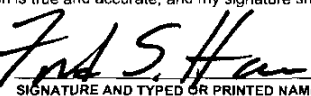
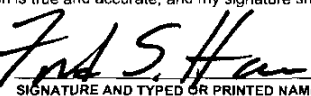
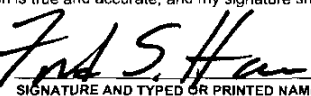


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																												
DOCUMENT # H52639 1. Corporation Name Video Management Systems, Inc.																														
2. Principal Office Address 3332 Southside Blvd. <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 3332 Southside Blvd. <small>Suite, Apt. #, etc.</small>																												
City & State Jacksonville, Florida		City & State Jacksonville, Florida																												
Zip 32216	Country USA	Zip 32216																												
4. Date Incorporated or Qualified To Do Business in Florida 4/17/85		5. FEI Number 592426055																												
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable																												
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;">Name Michael M. Bajalia</td></tr><tr><td style="padding: 5px;">Street Address <small>(P.O. Box Number is Not Acceptable)</small> 1301 Riverplace Blvd., Suite 1700</td><td style="padding: 5px;">City / State / Zip Jacksonville FL 32207</td></tr><tr><td colspan="2" style="padding: 5px;">Suite, Apt. #, Etc.</td></tr></table>			Name Michael M. Bajalia		Street Address <small>(P.O. Box Number is Not Acceptable)</small> 1301 Riverplace Blvd., Suite 1700	City / State / Zip Jacksonville FL 32207	Suite, Apt. #, Etc.																							
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent </td><td style="width: 40%;">Date 12/13/2006</td></tr></table> <p style="text-align: center;"><small>REGISTERED AGENT MUST SIGN</small></p>			Signature of Registered Agent 	Date 12/13/2006																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 5%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 35%;">City / State / Zip</th></tr></thead><tbody><tr><td style="text-align: center;">P</td><td>Fred S. Hassan</td><td>3332 Southside Blvd.</td><td>Jacksonville, FL 32216</td></tr><tr><td style="text-align: center;">S</td><td>Ann S. Hassan</td><td>3332 Southside Blvd.</td><td>Jacksonville, FL 32216</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Fred S. Hassan	3332 Southside Blvd.	Jacksonville, FL 32216	S	Ann S. Hassan	3332 Southside Blvd.	Jacksonville, FL 32216																
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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 contained in Chapter 119, 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. <table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE: </td><td style="width: 20%;">President</td><td style="width: 20%;">Date 12/13/2006</td><td style="width: 20%;">Daytime Phone # 904 739 0098</td></tr></table> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>			SIGNATURE: 	President	Date 12/13/2006	Daytime Phone # 904 739 0098																								
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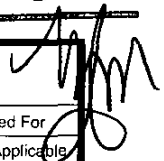
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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