

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

99 OCT 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H65259**

1. Corporation Name
U.S. VIDEO, INC.

Principal Place of Business
**924 W. STATE ROAD 436
SUITE 1100
ALTAMONTE SPRINGS, FL
32714**

Mailing Address
**P.O. BOX 161180
ALTAMONTE SPRINGS, FL
32716-1180**

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

REINSTATEMENT 43990

2. New Principal Office Address, If Applicable 924 W. STATE ROAD 436 SUITE 1100 ALTAMONTE SPRINGS, FL 32714	3. New Mailing Office Address, If Applicable P.O. BOX 161180 SUITE, Apt. #, etc. ALTAMONTE SPRINGS, FL 32716-1180	4. Date Incorporated or Qualified To Do Business in Florida 7/19/85
5. FEI Number 59-2549617	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/MD/T/S	GLEN M. GIRA	104 RUSSELL ST. ALTAMONTE SPRINGS, FL	ALTAMONTE SPRINGS, FL 32701-00

800003025698--8
-10/26/99--01074--012
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLEN M. GIRA
104 RUSSELL ST.
ALTAMONTE SPRINGS, FL
32701

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

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: *Glen Gira* REGISTERED AGENT MUST SIGN Date: **10-19-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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: *Glen Gira* GLEN M. GIRA 10-19-99 (407) 234-5944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08 (12/98)