

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 29 AM 9:06

**DOCUMENT # H72182**

1. Corporation Name

Video Keepsakes, Inc.

2. Principal Office Address - No P.O. Box #

5313 LaGorce Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

8151 Reseda Blvd

Suite, Apt. #, etc.

202

City & State

Miami Beach, FL

City & State

Reseda, CA

Zip

33140

Country

USA

Zip

91335

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 08/21/1985

5. FEI Number  
592565819

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

Gary Freedline

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

5313 LaGorce Dr.

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

91335

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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.

Signature of  
Registered Agent

*Gary Freedline*

REGISTERED AGENT MUST SIGN

Date 4/12/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| CEO    | Gary Freedline                       | 5313 LaGorce Dr.                                  | Miami Beach, FL 33140 |
| D      | Gary Freedline                       | 5313 LaGorce Dr.                                  | Miami Beach, FL 33140 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

10. E-mail Address: events@vki-party.com

(To be used for future annual report notification)

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. I further certify, 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: *GARY FREEDLINE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2010

Date

Daytime Phone #