

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 NOV 21 PM 2:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

H97525

1. Corporation Name

Tropical Video Productions, Inc.

Principal Place of Business

3737 NW 7th St. Miami, FL 33126

Mailing Address

P O Box 350940 Miami, FL 33135-0940

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

4. Date Incorporated or Qualified To Do Business in Florida

Feb. 4, 1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2651786

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes Fred Havenick and tax information.

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Jack W. Feuer 12732 SW 116 Terr, Miami, FL

9. Name and Address of New Registered Agent

Name: Fred Havenick, Street Address: 401 NW 38th Ct., City: Miami, State: FL, Zip Code: [blank]

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

[Signature of Fred Havenick]

REGISTERED AGENT MUST SIGN

Date: Nov. 17, 2000

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:

Fred Havenick SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/00 Date

305-649-3000 Daytime Phone #

CR2E081 (12/98)