

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JUL -9 PM 12:35

**DOCUMENT # J96238**

1. Corporation Name

Classical Video Concepts, Inc.

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

4712 W. San Rafael St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

PO Box 10518

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33679

Country

USA

**REINSTATEMENT 94-1D**

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 10/8/1987

5. FEI Number

650011390

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

William R. Patterson

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

4712 W. San Rafael St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

300183133273  
07/09/10--01035--015 \*\*3158.75

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

*William R. Patterson*  
REGISTERED AGENT MUST SIGN

Date 7/7/2010

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	William R. Patterson	4712 W. San Rafael St.	Tampa, FL 33629

10. E-mail Address: wpatterson169225@gmail.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:

*William R. Patterson*

WILLIAM R. PATTERSON

Date

7/7/2010

813-326-2818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

7/12/20