

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # K 36096

1. Corporation Name **EAGLE VIDEO INC**

00 MAY -8 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1436 SW 124TH PLACE MIAMI FL 33184** **1436 SW 124TH PLACE MIAMI FL 33184**

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

**9806 NW 80 AVE**

**9806 NW 80 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**WAY 120**

**WAY 120**

City & State

City & State

**HALEAH GARDENS**

**HALEAH GARDENS**

Zip

Country

Zip

Country

**33016**

**DADE**

**33016**

**DADE**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

**65-0072547**

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PV	AMOROSIO CORZO	2068 EAST 7 AVE	HALEAH FL 33013

600003267346--3  
-05/25/00--01102--001  
\*\*\*1950.00 \*\*\*1950.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JORGE L. FRANGO**  
**1436 SW 124TH PLACE**  
**MIAMI FL 33184**

Name

**AMOROSIO CORZO**

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

**2068 EAST 7 AVE**

Suite, Apt. #, Etc.

City

**HALEAH**

State

**FL**

Zip Code

**33013**

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]*

REGISTERED AGENT MUST SIGN

Date

**4-22-08**

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: X

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE