

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 AM 9:23

DOCUMENT # **K53432**

1. Corporation Name

**VIDEO AMERICA INTERNATIONAL CORP.**

Principal Place of Business

Mailing Address

% ALEXANDER PRADA

~~14222 S.W. 136TH ST~~

MIAMI FL 33186

% ALEXANDER PRADA

~~14222 S.W. 136TH ST~~

MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

999 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

Suite 101 BOX 15

City & State

MIAMI Florida

Zip

33131

Country

Dade

3. New Mailing Office Address, If Applicable

999 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite 101 Box 15

City & State

Miami Florida

Zip

33131

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1988

5. FEI Number

65-0088679

Applied For

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 3	City / State / Zip 4
PTD	PRADA, ALEXANDER	14222 S.W. 136TH ST 905 Brickell Bay Dr.	MIAMI FL MIAMI FLORIDA 33131
SEC.	MARIA LUCIA PRADA	905 Brickell Bay Dr.	MIAMI Florida 33131
			400004654414--0 -10/26/01--01023--011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

PRADA, ALEXANDER

~~14222 S.W. 136TH ST~~

MIAMI FL 33186

905 Brickell Bay Dr.

Apt. 522

Miami Fl. 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Alexander Prada*

REGISTERED AGENT MUST SIGN

Date *Oct. 15, 2001*

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 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:

*Alexander Prada*

ALEXANDER PRADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Oct. 15, 2001 (305) 374 6100*

Date

Daytime Phone #

CR2040 (8/01)