

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 30 AM 10:22

DOCUMENT # L- 33011

1. Corporation Name

VIDEO CONCEPTS LIMITED INC.

2. Principal Office Address

901 Brinson Rd # 19

Suite, Apt. #, etc.

# 19

City & State

Lutz, Florida

Zip

33549

Country

USA

3. Mailing Office Address

901 Brinson Rd # 19

Suite, Apt. #, etc.

# 19

City & State

Lutz Florida

Zip

33549

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/89

5. FEI Number

59 3011675

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

500003491575-6

Name

WALTER G. MASKY

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

1901 Brinson Rd # 19

Suite, Apt. #, Etc.

# 19

City

Lutz,

State

FL

Zip Code

33549

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

*Walter Masky*

Date November 28, 2000

REGISTERED AGENT MUST SIGN

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
P/D	WALTER G. MASKY	1901 Brinson Rd # 19	Lutz, Florida 33549
VP/D	MICHELLE MELEEN	1290 Michigan Ave.	Dunedin, Florida 34698
GT/D	DiAnn Masky	320 1/2 Webster Ave.	Jersey City, New Jersey 07307

10. 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: WALTER G. MASKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 28, 2000

Date

(813) 948-3753

Daytime Phone #

L33011

Florida Department Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

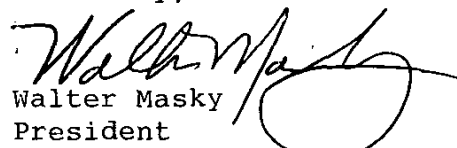
To Whom It May Concern:

We moved our offices in May of last year and did not change the address on our annual report. Therefore we never received notice that we owed an additional \$ 400.00 for the report.

Your office today told us to fill out the Reinstatement form and send it back with the check for \$ 400.00.

Thank you for your help in this matter.

Sincerely,

  
Walter Masky  
President  
Video Concepts Limited Inc.