

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR 96/97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 APR 16 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L45044

1. Corporation Name

My Video Store, Inc.

Principal Place of Business

Mailing Address

Post office Box 2422  
Marathon Shores, FL 33052

(same as  
Principal Place of  
Business)

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/90

5. FEI Number

65-0175118

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PIP	Raymond P. Miller	1255 107th St. Gulf	Marathon, FL 33050
			500002148115--0
			-04/18/97--01099--013
			****915.00 ****915.00
			REINSTATEMENT 96-97
			G. Alan
			4/16/97

8. Name and Address of Current Registered Agent

Edward F. Busch  
~~302 6th Street~~  
Key Colony Beach, FL 33051

9. Name and Address of New Registered Agent

Name  
EDWARD F. BUSCH  
Street Address (P.O. Box Number is Not Acceptable)  
5800 OVERSEAS HIGHWAY, SUITE 6  
Suite, Apt. #, Etc.  
SUITE 6  
City  
MARATHON  
State  
FL  
Zip Code  
33050

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

4/15/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Raymond P. Miller Pres.

Date

Daytime Phone #

4-15-97 X 305-743-4588

CR20040 (12/96)