

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 27 AM 10:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000007672

1. Corporation Name

RANDY VIDEO & FILMS, INC.

2. Principal Office Address

1089 WEST 29TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

Zip

33012

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

650749049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT
CR2E081(12/05) 03-06

7. Name and Address of Current Registered Agent

Name

SALAN, AIDA R

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

1089 WEST 29TH STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

Date

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 |
|--------|-----------------------------------|--|--------------------|
| PST | SALAN, AIDA R | 1089 W 29 ST. | HIALEAH FL 33012 |
| | | <i>[Signature]</i> | |
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04/04/06--01055--023 **600.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIDA R. SALAN PRES. 3/24/06 305-8878434

Date

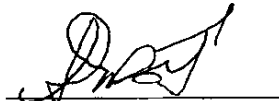
Daytime Phone #

03/24/06

To Whom It May Concern:

This letter has been written so that Randy Video and Films be reinstated. I, Aida R. Salan never received any notice to pay my annual reports after the year 2001. I respectfully request that you please waive my reinstatement fee and reactivate my corporation as soon as possible. The applicable fees for 2003, 2004, 2005, and 2006 have been enclosed with this letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aida R. Salan', written over a horizontal line.

Aida R. Salan