

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -2 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

600 000073197

1. Corporation Name

VIDEO DATA & STENOGRAPHIC
SERVICES, INC.

4000008182414--2
-10/03/02--01021--016
****300.00 ****300.00

2. Principal Office Address

P.O. Box 8544
CORAL SPRINGS, FLA. 33075
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 8544
CORAL SPRINGS, FLA. 33075
Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLA.

City & State

CORAL SPRINGS, FLA.

Zip

33075

Country

USA

Zip

33075

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 1, 2000

5. FEI Number

FIN # 65-1055111

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

Name

MARSHALL E. WILLIAMS II

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

7080 NORTHWEST 92ND TERRACE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

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

Marshall E. Williams II
REGISTERED AGENT MUST SIGN

Date

9-26-02

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
PRES.	MARSHALL E. WILLIAMS	(SAME AS ABOVE)	

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:

Marshall E. Williams II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-02

Daytime Phone #

954-753-0793

CR2E081 (9/01)