

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096460

1. Corporation Name

VIDENDI COMMUNICATIONS GROUP, INC.

Principal Place of Business  
2625 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES FL 33134

Mailing Address  
2625 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES FL 33134

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

10/12/2000

5. FEI Number

65-1063043

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

1

TOUS, VIVIAN M

3

2625 PONCE DE LEON BLVD #201

CORAL GABLES FL 33134

8000009154498  
11/21/02--01099--003 \*\*\$600.00

8000009154498  
02/06/03--01072--007 \*\*\$750.00

8. Name and Address of Current Registered Agent

WILSON, J. EVERETT  
2151 LE JEUNE RD  
MEZZANINE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

VIVIAN TOUS R.

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

2625 Ponce de Leon Blvd. #201

Suite, Apt. #, Etc.

Miami, FL

City

FL

State

Zip Code

FL

33156

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-10-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 15-02