

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 13 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000009593**

1. Corporation Name

SMOKERS VIDEO II

REINSTATEMENT 03

2. Principal Office Address

1313 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

815 EYRIE Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, Beach, FL

Zip

32250

Country

USA

City & State

OVIEDO, FL

Zip

32165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-0003768

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

James Burgin

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

10000 gate parkway

Suite, Apt. #, Etc.

Apt 417

City

Jacksonville

State

FL

Zip Code

32246

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

James Burgin

Date **10/29/03**

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
Pres.	James Burgin	10000 gate parkway ^{Apt} 417	Jacksonville, FL 32246

[Handwritten signature]

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:

James Burgin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

4073469171

Daytime Phone #

CR2081 (10/02)