

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 20 AM 8:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P02000132580

1. Corporation Name

NEW CONCEPT VIDEO TWO, INC.

REINSTATEMENT 07-09

CR2E081 (12/08)

cc 2/24

2. Principal Office Address - No P.O. Box #

959 WEST AVENUE

3. Mailing Office Address

959 WEST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/2002

**5. FEI Number
59-3764420**

☐ 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
SEHRES, DAN

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

Suite, Apt. #, Etc.

City
MIAMI BEACH

State
FL

Zip Code
33139

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **02/19/2009**

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 |
|--------|--------------------------------------|---------------------------------------------------|-----------------------|
| DPT | SEHRES, DAN | 959 WEST AVENUE | MIAMI BEACH, FL 33139 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

200144077692
02/20/09-01028-014 **450.00

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:

DAN SEHRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2009

Date

305-785-5919

Daytime Phone #