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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 12 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** PO4000072917

**1. Corporation Name**  
VIDEO  
**AUDIO ~~VIDEO~~ CONSULTANTS INC**

**2. Principal Office Address**  
**3722 KENT DR.**

**3. Mailing Office Address**  
**4560 Chantelle**

**Suite, Apt. #, etc.**  
**Suite, Apt. #, etc.** DR. L-202

**City & State**  
**NAPLES, FL**

**City & State**  
**NAPLES FL**

**Zip** **Country**  
**34112** **COLLIER**

**Zip** **Country**  
**34112** **Collier**

CR2E081 (12/05)

**4. Date Incorporated or Qualified To Do Business in Florida** 050404

**5. FEI Number** 30-0259008

**6. CERTIFICATE OF STATUS DESIRED** ☒ **5875 Additional Fee required for a Certificate of Status**

**Applied For**  
**Not Applicable**

**7. Name and Address of Current Registered Agent**

**Name**  
**Jeff Denslow**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4560 Chantelle L-201**

**Suite, Apt. #, Etc.**

**City**  
**Naples**

**State** **Zip Code**  
**FL** **34112**

**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** [Signature] **REGISTERED AGENT MUST SIGN** JEFF DENZLOW

**Date** 5/29/17

**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	David Dalfonse	3722 Kent Dr.	Naples, FL 34112
Sec/Tr	Jeffrey Denslow	4560 Chantelle #L-201	Naples, FL 34112

**REINSTATEMENT** 05-07 12

6/12/07

**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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** JEFF DENZLOW, Secretary-Treasurer

**Date** 5/29/17 **Daytime Phone #**

Sup-S Corp Sides Shown

*paychut*

**AUDIO ~~VIDEO~~ CONSULTENTS, INC.**  
**4560 CHANTELLE DR. #202**  
**NAPLES, FL 34112**

**TO: Florida Dept of State**  
**Division of Corporations**

**RE: Reinstatement for above corporation #P00000008631**  
**Waiver of penalties.**

**Dear Sirs:**

**We are asking for a waiver of penalties due to the fact that we moved and we did not receive the required forms or notices to file.**

**We were also involved in the hurricanes of 2004 and the hurricane Wilma of 2005.**

**We want o comply and will keep current in the future years.**

**Thank you for your understanding.**

**Attached are the fees for 2005, 2006, 2007 @ \$150.00 each year plus the Certificate fee of \$8.75. Total enclosed \$458.75.**

**Jeffrey Denslow, Sec/Treas.**