

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2009 NOV 13 A 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100162797381
11/13/09--01027--009 **3150.00

CR2E081 (10/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33830

I. Corporation Name

Videostar Connections, Inc.

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

190 Bluegrass Valley Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

190 Bluegrass Valley Pkwy

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

4/29/1991

5. FEI Number

581399146

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
NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City
Weston

State
FL

Zip Code
33331

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 section 617.0503, F.S.

Signature of Registered Agent

Jeff M. Higdon, Special Asst Sec.
REGISTERED AGENT MUST SIGN

Date 11/5/09

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
CEO	R. Bryan Allen	190 Bluegrass Valley Parkway	Alpharetta, GA 30005
CFO	William H. Wheless	190 Bluegrass Valley Parkway	Alpharetta, GA 30005
Sec.	Stephen D. Dix	190 Bluegrass Valley Parkway	Alpharetta, GA 30005

REINSTATEMENT
1993-2009

10. E-mail Address: dixs@convergent.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Jeff M. Higdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 5, 2009

Date

770-369-9000

Daytime Phone#