

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98AR  **FLORIDA DEPARTMENT OF STATE**
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

10/3

DOCUMENT #

1. Corporation Name

MFI-Instavision, Inc.
 Cross Ref: Magic Fingers, Inc.

Principal Place of Business

Mailing Address

1509 S.E. 2nd Ct.
 Ft. Lauderdale, Fl 33301

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

Broward

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

Applied For

65-0494581

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Gordon Scott Venters	1509 S.E. 2nd Ct.	Ft. Lauderdale, Fl. 33301
VP/S/D	Elizabeth Leigh Rogers	119 N.W.21st Ct.	Wilton Manors, Fl. 33311
D	John Mackenzie Venters	2100 South Ocean Blvd. #8CD	Ft. Lauderdale, Fl. 33301
D	Todd Nugent	1291 Claret Ct.	Ft. Mayers, Fl. 33319

800002671218--4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gordon Scott Venters
 2100 S. Ocean Blvd.
 8CD#
 Ft. Lauderdale, Fl. 33301

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
 Registered Agent

REGISTERED AGENT MUST SIGN

Date October 22, 1998

11. This corporation owes or has paid the current year
 Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
 on Intangible tax.)

12. 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:



President

October 22, 1998

(954) 764-0579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (1/98)

203

AFFIDAVIT

BE IT ACKNOWLEDGED, that Gordon Scott Venters President and CEO of Magic Fingers, Inc. DBA MFI-Instavision Inc. the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

That I or anyone known to me never received a copy of our Annual Report at either 1509 S.E. 2nd Ct. Ft. Lauderdale, Fl 33301 or the address of the registered agent being 2100 South Ocean Blvd. #8CD Ft. Lauderdale, Fl 33301.

And I affirm that the forgoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 22nd day of October, 1998.

Gordon Scott Venters

1509 S.E. 2nd Ct.

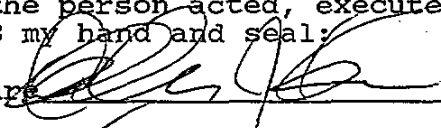
Ft. Lauderdale, Fl 33301


Signature

State of Florida
County of Broward

On October 22, 1998 before me, Gordon Scott Venters personally appeared and is personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and seal:

Signature 

Affiant ☒ Known ☐ Unknown

ID Produced Florida Drivers License



Charles J Kane
My Commission CC770225
Expires August 25, 2002



ACCOUNT NO. : 072100000032

REFERENCE : 006925 5013699

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 150.00

ORDER DATE : October 23, 1998

ORDER TIME : 10:15 AM

ORDER NO. : 006925-005

CUSTOMER NO: 5013699

CUSTOMER: Mr. Scott Venters
Magic Fingers, Inc.
1509 Se 2nd Court

Fort Lauderdale, FL 33301

RECEIVED
98 OCT 23 AM 11:27
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: MFI-INSTAVISION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

JB
10-23-98