

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029077

1. Corporation Name

Absolute Video INC

2. Principal Office Address

168 S.W. 1st Street

Suite, Apt. #, etc.

Suite # 405

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

168 S.W. 1st Street

Suite, Apt. #, etc.

Suite #405

City & State

Miami, Florida

Zip

33131

Country

USA

FILED

04 FEB 16 AM 11:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

03-04

200028789482

02/16/04--01025--028 **300.00

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

3-7-96

5. FEI Number

68-0403150

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

Luz A. Ramirez

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

15101 S.W. 151 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

Luz A. Ramirez

REGISTERED AGENT MUST SIGN

Date 2-11-04

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
P-T	Luis M. GOMEZ	15421 S.W. 163rd Street	Miami, FL 33187
V	Beatriz H. GOMEZ	15421 S.W. 163rd Street	Miami, FL 33187

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 (305) 379-4741

Date

Daytime Phone #

CR2E081 (10/02)

ABSOLUTE VIDEO INC.

168 S.E. 1st Street Suite# 405
Miami, Fla. 33131
Tel (305)379-4741 Tel (305)379-3913



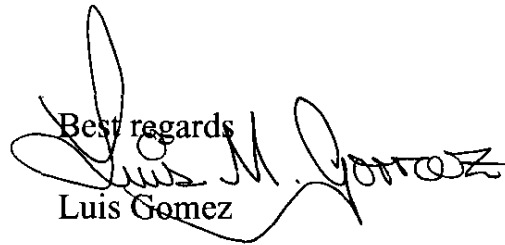
To whom It may concerned

Please be advice that the annual report for the year
2003 was never recived or delivered to us.

Absolute Video Inc. ask to be process for Reinstatement.

Our goal is to follow the guides and regulations of our State
Your attention to this matter is highly appreciated.

If you have any questions feel free to call me

Best regards

Luis Gomez

