

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -1 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006030

1. Corporation Name

VIDEO TYME, INC.

Principal Place of Business

Mailing Address

7 NORTH HIGHWAY 301  
HAWTHORNE FL 32640

7 NORTH HIGHWAY 301  
HAWTHORNE FL 32640

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Video Tyme Inc.

Suite, Apt. #, etc.

6005 SE Hwy 301

City & State

Hawthorne FL

Zip

32640

Country

Alachua

3. New Mailing Office Address, If Applicable

Video Tyme Inc.

Suite, Apt. #, etc.

~~Box 411~~

City & State

Hawthorne FL

Zip

32640

Country

Alachua

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/1994

5. FEI Number

59-3225040

Applied For

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 3	City / State / Zip 4
P	CARLTON, WILLIAM	101 SW 5TH ST. 7005 S.E. 216 Terrace	HAWTHORNE FL 32640
ST	CARLTON, BARBARA	101 SW 5TH ST. 7005 SE 216 Terrace	HAWTHORNE FL 32640

8. Name and Address of Current Registered Agent

HATFIELD, ANDERSON E  
414 NW 13TH ST.  
GAINESVILLE FL 32609

9. Name and Address of New Registered Agent

Name

William A. Carlton

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

7005 SE 216 Terr

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32640

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

William A. Carlton

REGISTERED AGENT MUST SIGN

Date 4/29/02

11. 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:

Barbara Carlton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

352-481-2441

CR2E040 (8/00)