

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

98 MAY 28 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000026209

1. Corporation Name

EXOTIC VIDEO CITY, INC.

Principal Place of Business  
7695 SW 104 Street  
Suite 210  
Miami, FL 33156

Mailing Address  
Same

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

**REINSTATEMENT 95-98**

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
7695 SW 104 Street  
Suite 210

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

4-6-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State  
Miami, FL

City & State

Zip  
33156

Country

Zip

Country

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	Eric P. Littman	7695 SW 104 Street, Suite 210	Miami, FL 33156

3000002548183-6

06/04/98 01096-020

\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

Eric P. Littman  
7695 SW 104 Street  
Suite 210  
Miami, FL 33156

9. Name and Address of New Registered Agent

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 May 27, 1998

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**

Eric P. Littman, President 5/27/98 (305) 663-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)