| | PLEASE READ | ALL INSTRUCTIONS | S BEFORE (| COMPLETI | NG TITO DEM. | 1 | |
|---|--|--|---------------------|--|---|----------|--|
| RE | FOR ISTATEMENT | S Indra B MG | ort al | | FILED | · | |
| poc | POCUMENT # P940000 88094 | | | | 98 APR 15 AM 10: 20 | | |
| 1. Corpor | 40TH ST. BOOK AND VIDEO, INC. | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| | | | | | LONION | | |
| , | Principal Place of Business Mailing Address 7695 S.W. 104 STEEET | | | | | | |
| Su | Seute, 210 | | | | | (1) | |
| MIAMI FL 33/5() If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | DO NOT WRITE IN THIS SPACE | | |
| 2. Now Pr. | 2. New Principal Office Address, II Applicable 3 New Mailing Address, II Applicable 7095 Stu 10457 | | | | 4. Date Incorporated or Qualifier To Do Business in Florida | | |
| Suite, Apt | iste 210 | Suite, Apt. #, etc. City & State | - , , | 5. FEI Number Applied For | | | |
| M/ Zip 2- | minni PC | | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required | | | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| Title(s) | Name of Officers Street Address Officer and/or Directors Global Street Address Officer and/or Directors 3 (Do NOT Use Post Officer and/or Directors) | | | for City / State / Zip | | | |
| PD | ERIC P. Li Hman 76955W1045T. #210 MIAMIFE 3315 | | | | | | |
| | | | 10 1 311 | | printing | <u> </u> | |
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| | | THE RESERVE TO SECOND S | 1995- | | | ha | |
| | REINSTATEMENT 1993 | | | | 0000024890204 -04/15/9801009022 ***1200.00 ***1200.00 | | |
| | · | | | | ***1200.00 | 112001 | |
| | 4/15 900 | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent | | | |
| ERIC P. Li Hman Street Address (P.O. Box Number is Not Acceptable) | | | | | | 861 | |
| 7695 | 5 EW 104 ST. Hmi FL 33151 | #210 | Suite, Apt. #, Etc. | | | | |
| MIA | mi PL 33151 | City | | | | | |
| 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 Date 4/13/98 | | | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 petit. 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: | | | | | | | |