

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

96 DEC 20 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091767

1. Corporation Name  
FLORIDA VIDEO & ELECTRONICS INC.

Principal Place of Business Mailing Address  
20 HWY 40 EAST 20 HWY 40 EAST  
INGLIS FL 34449 INGLIS FL 34449



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

2. New Principal Office Address, If Applicable: 42 N. Hwy 19, Inglis, FL 34449  
3. New Mailing Office Address, If Applicable: Suite, Apt. #, etc.  
4. Date Incorporated or Qualified To Do Business in Florida: 11/30/1995  
5. FEI Number: 59-3348262  
6. CERTIFICATE OF STATUS DESIRED:  \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include JOHNSON, MILTON N; JOHNSON, ERMALEE; MARTIN, ADRIAN L.

REINSTATEMENT

8. Name and Address of Current Registered Agent: JOHNSON, MILTON N, 20 HWY 40 EAST, INGLIS FL 34449  
9. Name and Address of New Registered Agent: [Handwritten signature]

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: [Handwritten signature] Date: 08/29/96

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

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)(f), 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: [Handwritten signature] Date: 08/29/96 Daytime Phone #: 352-447-4423

CR2040 (7/85)